



CHANGE OF ADDRESS FORM For Inactive Members

PERSONAL INFORMATION		
Last Name	First Name, MI	Last 4 SSN XXX – XX -
Date of Birth	Daytime Phone Number	Email Address
PREVIOUS ADDRESS		
Mailing Address		
City	State	Zip Code
NEW ADDRESS		
Mailing Address		
City	State	Zip Code
<p>To protect your confidential information, we do not allow the US Post Office to forward mail generated by this office. We must be advised in writing (signed by the member or benefit recipient) of any change in your mailing address. If anyone other than the member or benefit recipient signs this form, legal documentation giving them the authority to do so must be attached to this form.</p> <p>It is imperative that we be notified, in writing, of all changes to your mailing address, even if you receive your checks by direct deposit. Having your current mailing address on file ensures that you will receive your year-end tax statements and other important correspondence about your benefit.</p>		
SIGNATURE AND DATE (required)		
Signature		Date

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