

## CHANGE OF ADDRESS/ NAME CHANGE

*Please write legibly for proper record keeping.*

Effective Date \_\_\_\_\_ Account # (s) \_\_\_\_\_

Member Name \_\_\_\_\_ Last Four Digits of SSN \_\_\_\_\_

New Name (if submitting for name change) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
*Requires legal documents for verification (i.e. copy of Marriage License, Divorce Decree, or Court Order AND a copy of State Issued ID)*

**PREVIOUS ADDRESS:**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**NEW ADDRESS:**

Address change for:  Primary  Joint  Other (please list): \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
*P.O. Boxes MUST be accompanied by a physical address.*

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_\_\_