



**CHANGE OF ADDRESS / PHONE / E-MAIL
 FORM**

MEMBER NUMBER:

MEMBER CONTACT INFORMATION

Name: _____ Social Security No./TIN: _____

NEW Mailing Address: _____

City/State/Zip: _____

NEW Home Phone: _____ NEW Work Phone: _____ NEW Mobile Phone: _____

NEW E-mail Address: _____

AUTHORIZATION

Change of contact information authorized by:

MEMBER NAME (please print) _____

JOINT OWNER NAME (please print) _____

X _____ Date _____
 Member/Joint Owner Signature

OTHER MEMBER ACCOUNTS

Check any account the member currently owns

VISA CREDIT CARD

IRA

STAFF COMPLETION DOCUMENTATION

Identification/Signature Verification Completion Date: _____ Verification Completed by: _____

CONTACT INFORMATION UPDATED BY:

DNA Completed by: _____ Completion Date: _____

PSCU Completed by: _____ Completion Date: _____

IRA DIRECT Completed by: _____ Completion Date: _____

** Please complete a separate Change of Address/Phone/E-mail form for each member number*