## CHANGE OF ADDRESS FORM

(PLEASE PRINT CLEARLY OR TYPE INFORMATION) CHANGE MADE BY (Print name) RELATIONSHIP (spouse, son, daughter, etc) FIRST NAME SOCIAL SECURITY NUMBER M.I. Χ Χ Χ Χ LAST NAME SPOUSE FIRST NAME (IF APPLICABLE) FOR INNER OFFICE USE ONLY E-MAIL ADDRESS NEW ADDRESS NEORMATION PHONE # CHANGE ONLY (check be New Address (number & street) City State Zip Code Zip Four Phone Number (including area code) Cell Phone Number (including area code) OLD ADDRESS INFORMATION Old Address (number & street) City State Zip Code Zip Four Phone Number (including area code) Cell Phone Number (including area code) FOR INTER OFFICE USE ONLY Date change received & from which office: Active member Refired memb-Non-member Probationary THIS INFORMATION HAS BEEN FAXED TO: Widow Local 8 Credit Union MOST (419) 666-3984 (419) 666-3760 (913) 281-**393** Class: Benefits Office **JATC FMCP** (419) 666-5410 (419) 666-0336 County: . PBF NEBF/NEAP **ERTS** 

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