

**EX-SPOUSE, SPOUSE ONLY**  
*(NOT INCLUDING MEMBERS),  
DEPENDENTS, BENEFICIARY.*  
**CHANGE OF ADDRESS / INFORMATION FORM**  
Please Print Clearly

Entered

Official Use Only

Beneficiary, Ex-Spouse Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Name of Member related to you** \_\_\_\_\_

**Please list, by name, those family members to which this address change applies:**

Spouse: \_\_\_\_\_

Dependents: \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Relationship \_\_\_\_\_

**Old Information**

Street or P.O. Box \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**New Information**

Street or P.O. Box \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Note/Comments \_\_\_\_\_

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