

**1. Participant Identification (Required Fields)**

Plan Name: \_\_\_\_\_ Paygroup # \_\_\_\_\_ XXX - XX - \_\_\_\_\_  Beneficiary  
Social Security Number  
Payee Name: \_\_\_\_\_  
Last First MI

**2. Address Change Instructions (Required Fields)**

Old Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
New Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Is this a permanent change? Yes  No

**3. Notary Public or Plan Sponsor Signature**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ .  
Notary Public: \_\_\_\_\_ State of \_\_\_\_\_  
Notary Signature: \_\_\_\_\_ Commission Expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
OR  
Plan Representative Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Plan Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**4. Participant Signature**

I acknowledge that the above information is true and accurate.  
Retiree Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Retiree Phone Number: \_\_\_\_\_  
**Retiree: Please retain a copy for your records and mail to:**  
Bank of America Merrill Lynch  
Disbursements  
1400 American Boulevard  
NJ2-140-03-21  
Pennington, NJ 08534