

PLEASE PRINT

## NAME/ADDRESS CHANGE

Annuitant Social Security Number (required)		Original Participant's Social Security Number (If Applicable)	
Current Last Name	First Name, Middle Init.		
Change Name to	First Name, Middle Init.		

Check here if this is a Name Change

### MAILING/HOME ADDRESS

Check here if this is a Address Change

Return this form to:  
DEPARTMENT OF EMPLOYEE TRUST FUNDS  
P.O. Box 7931  
Madison, WI 53707-7931

Box No. or Street	
2 <sup>nd</sup> Address Line (If Needed)	
3 <sup>rd</sup> Address Line (If Needed)	
City, State	Zip Code (+ 4-digit)
Country and Code (for Foreign Address)	
Daytime Telephone Number	E-mail Address
Date Change To Be Made	Signature of Annuitant