REQUEST FOR CHANGE OF HOME ADDRESS

Plan Name: _____

Plan Number: _____

Payee Name: (Last) _____ (First) _____ (MI) _____

Payee Social Security Number: _____

Old Address: _____

_____

_____

Change Permanent Mailing Address This address will be used for all check, advice and tax mailings. The temporary address below can be used to change check and advice mailings on a temporary basis.

Address: _____

_____

City: _____

State, Zip: _____

NOTE: Changing State of Residence could impact the amount of State Tax withholding applied to your benefit payments. The standard withholding for that state will be applied unless you complete and return federal and state withholding election forms. If you have any questions, please contact your Plan Administrator or Tax Consultant.

Change Payment Address (Temporary) This address will be used for all check and advice mailings on a temporary basis. Be sure to change this back to your permanent address as soon as possible.

☐ Check to make payment address the same as your permanent address. This will deactivate your Temporary Payment Address.

Address: _____

_____

City: _____

State, Zip: _____

Please identify permanent State of Residence: _____

Participant must sign to effect changes:

Signature: _____ **Date:** _____

Return the signed form to:

KeyBank National Association
Employee Benefit Disbursements
P.O. Box 94717 / OH-01-49-0305
Cleveland, Ohio 44101-4717

CFMA #240820-2742328