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# ADDRESS CHANGE REQUEST

## A ACCOUNT INFORMATION

Account Owner's Name:

Millennium Account No.:

Social Security No.:

Date of Birth:

## B PREVIOUS MAILING ADDRESS AND PHONE NUMBER

Address:

City:

State:

Zip:

Phone No.:

E-mail Address:

## C NEW ADDRESS AND PHONE NUMBER

*New Mailing Address:*

Address:

City:

State:

Zip:

Home Phone No.:

Work Phone No.:

E-mail address:

*Residential Address (If different from above; you must provide your physical address if P.O. Box provided for mailing address):*

Address:

City:

State:

Zip:

*(Please note: We will send you a confirmation receipt of the change to both the new and previous address.)*

## D ACCOUNT OWNER'S SIGNATURE

Account Owner's Signature: \_\_\_\_\_ Date:

**\*A VALID COPY OF YOUR DRIVER'S LICENSE IS REQUIRED FOR SUBMISSION OF THIS FORM.**

**NOTE: If you have a distribution pending, your distribution will not be processed until 10 business days after Millennium Trust Company completes the processing of your address change request.**

