



**Affiliates and Staff  
Change of Address Form**

Date: \_\_\_\_\_

Participant SSN/TIN: \_\_\_\_\_

Beneficiary SSN/TIN \_\_\_\_\_

**Participant/Beneficiary Name**

\_\_\_\_\_  
(Last) (First) (Middle)

**Current Address**

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**New Address, Phone Number and Email**

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone #1 \_\_\_\_\_  
Phone #2 \_\_\_\_\_  
Email Address: \_\_\_\_\_

**CERTIFICATION**

I, \_\_\_\_\_, hereby attest that the above information is truthful and correct.

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

**Note: If you are signing this form on behalf of a Fund Participant or Beneficiary, you must also submit a power of attorney or letter of conservatorship to the Fund.**

If the person completing the form is not the participant/beneficiary currently receiving payment, please state your relationship: \_\_\_\_\_.

Completed forms may be mailed to 1800 Massachusetts Ave, NW, Suite 301, Washington, DC 20036, emailed to [info@seiufunds.org](mailto:info@seiufunds.org) or faxed to 202-842-0046.