

# ADDRESS/NAME CHANGE FORM



If your address has changed, you must complete this form and send it in with Settlement Agreement.

Actively deferring State employees must submit address/name change information through agency payroll and human resource departments and should not use this form. All other participants should provide the requested information below and mail as directed.

## PLEASE CHANGE MY ADDRESS/NAME AS FOLLOWS: PLEASE PRINT

|     |                  |
|-----|------------------|
| OLD | Name             |
|     | Address          |
|     | City, State, Zip |

|     |                  |
|-----|------------------|
| NEW | Name             |
|     | Address          |
|     | City, State, Zip |

|  |       |       |
|--|-------|-------|
| X                                      | _____ | _____ |
| Participant's Signature (Do not print) | Date  |       |

|                        |                  |
|------------------------|------------------|
| Social Security Number | Telephone Number |
|------------------------|------------------|

(This form must be signed by the participant in order to be processed.)

Mail this form to:

**Oregon Savings Growth Plan**  
**800 Summer Street NE Suite 200**  
**Salem, OR 97301**

Please review this form and keep a copy for your records. Call the Oregon Savings Growth Plan Information Line at 800-365-8494 if you have any questions. Customer Service Associates are available Monday through Friday, between 7:00 a.m. and 5:00 p.m. Pacific Time, except on New York Stock Exchange holidays.