



Address Change

Please complete this form, print clearly and sign. We must have a physical address on file; however, you can add a mailing address, see below. Once completed, please fax the form to our Main Office at (312) 236-3504 or stop by one of our offices, or mail it to 18 S Michigan Avenue, Suite 1000, Chicago, IL 60603. ATTN: Member Services.

Please include a good/clear photocopy of documentation verifying your physical address such as driver's license, State ID, utility bill, lease agreement, insurance bill, etc. as proof of residency.

Account Number _____ Date _____

Last Name First Name Middle Name or Initial

*Change of address will also be made to all of your associated accounts (credit cards, mortgages etc.) & any joint owners on the account unless specified.

Old Address

Home Address _____ Apt or Unit # _____
City _____ State _____ Zip Code _____
Home Phone () - _____ Work Phone () - _____

New Address (physical address on file required - P.O Box not acceptable)

Home Address _____ Apt or Unit # _____
City _____ State _____ Zip Code _____
Home Phone () - _____ Work Phone () - _____
Cell Phone () - _____ E-Mail _____
Signature _____ Effective Date of Change _____

Mailing Address

*Please complete this section if you would prefer mailings to be sent to a different address such as a PO Box, etc. ...

Mailing Address _____
City _____ State _____ Zip Code _____

For office use only

- 1. Processing: Employee Name _____ Date: _____
- 2. Verification: Reviewed Documents by _____ Date: _____
- 3. Imaging: Forward to Document Retention for imaging.