

FBC Change of Address Form



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| Employee Instructions | The Change of Address Form is to be used to change your address as maintained by the Plan if you are no longer actively making contributions to the Plan or if you have terminated employment with your FBC district. If you are still actively making contributions to the Plan and you are still employed by your FBC district, this form is generally not needed -- simply notify your district payroll office of the address change. Please note that address information provided by your employer will supersede any address change made by submission of this form. Upon completion, you may fax a copy of this form to (800) 597-8206. | | |
| Employee Information | Participant Name | | |
| | Social Security Number | District or Former District | Home Phone Number |
| Former Mailing Address | Former Mailing Address _____ (Street) _____ (City, State, Zip) | | |
| New Mailing Address | New Mailing Address _____ (Street) _____ (City, State, Zip) | | |
| Employee Signature | Employee Signature X | Date | |