

Address Change

Please complete this form, print it clearly, and sign it. 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 Ave, Ste. 1000, Chicago, IL 60603. ATTN: Member Services.

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

Account Num	iber Date _		
Last Name	First Name		Middle Name or Initial
Joint Last Name	Joint First Name		Joint Middle Name or Initial
*Change of address will also be account unless specified.	made to all of your associated	l accounts (credit cards, m	ortgages, etc.) & any joint owners on the
<u>New Address (physical address</u>	on file required)		
Home Address			Apt or Unit #
City	State	Zip Code	
Home Phone	Work Phone		
Cell Phone	E-Mail		
Joint New Address			
Home Address			Apt or Unit #
City	State	Zip Code	
Home Phone	Work Phone		
Cell Phone	E-Mail		
<u>Mailing Address</u> Please complete this section if you Mailing Address		t to a different address such	as PO Box, etc
City	State	Zip Code	
Joint Mailing Address			
City	State	Zip Code	
Signature	E	ffective Date of Change	
Joint Signature		ffective Date of Change	
For Office Use Only			
	oyee Name	Date:	
2. Verification: Review	wed Documents by	Date:	