

ADD-1

PLEASE PRINT OR TYPE

Member Information

First Name	M.I.	Last Name
Date of Birth	Social Security Number	
Home Phone	Work Phone	Mobile Phone

Member's New Address

Street or Box Number		
Town or City	State	Zip Code
New Address Is (mark one and provide dates)		Email
<input type="radio"/> Permanent, effective ____ / ____ / ____ <small>mm dd yy</small>		
<input type="radio"/> Seasonal, effective from ____ / ____ / ____ to ____ / ____ / ____ <small>mm dd yy mm dd yy</small>		
<p>Having updated my seasonal address, I understand that any scheduled annuity payments I receive or other distributions I may take from my MMBB retirement account(s) will use the state tax withholding requirements dictated by my permanent state of residence.</p>		
Seasonal Daytime Phone	Seasonal Evening Phone	

Please Note

If you are enrolled in an MMBB-Sponsored medical plan, please call UMR, our health plan administrator at 866.868.0502 to update your health plan enrollment.

If you are receiving disability income benefits, address updates occur by the 8th day of each month. Please call The Hartford, our disability plan administrator directly at 877.889.0242 to update your disability claim records.

Authorization to Update Address

In order to ensure confidentiality, this address change cannot be processed without the signature of either the member or the individual with Power of Attorney for the member, who must also enclose Power of Attorney documentation if MMBB does not have it on file.

Signature of Member	Date
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Please return this completed form to:

The Ministers and Missionaries Benefit Board
475 Riverside Drive, Suite 1500 New York, NY 10115-0032
Phone: 800 986-6222 Fax: 800 986-6782 Web: www.mmbb.org