

Savings Banks Employees Retirement Association

CHANGE OF ADDRESS FORM FOR TERMINATED PARTICIPANTS

Please use this form only for terminated participants. Address changes for active participants should be made through your payroll files or the quarterly address update file.

This change is effective for the following SBERA plan(s): [please check one]

- 401(k) Plan**
 Money Purchase Plan
 Pension Plan

Participant Name: _____	Certificate No: _____
Bank Name: _____	Bank Number: _____

OLD ADDRESS:

STREET (LINE 1): _____

STREET (LINE 2) : _____

CITY: _____

STATE: _____

ZIP CODE: _____

NEW ADDRESS:

STREET (LINE 1): _____

STREET (LINE 2) : _____

CITY: _____

STATE: _____

ZIP CODE: _____

AUTHORIZED HR REPRESENTATIVE SIGNATURES / DATES

I Hereby certify that the information provided on this change form is accurate and may be relied upon by SBERA.

AUTHORIZED HR REP.: _____ DATE _____

OR

Participant Signature: _____ DATE _____

FOR SBERA USE ONLY: Date recv'd _____ Date entered: _____ By: _____