



**REQUEST FOR CHANGE OF ADDRESS
BENEFICIARIES ABROAD ONLY
FSM SOCIAL SECURITY ADMINISTRATION**

P.O. Box L
Kolonias, Pohnpei FM 96941
Tel: (691) 320-2706/2708/4407
E-mail: fmssa@mail.fm or ssclaim@mail.fm
Website: www.fmssa.fm

BENEFICIARY NAME: _____ DATE: _____

I WOULD LIKE TO REQUEST THAT MY MONTHLY CHECK BE DEPOSITED TO THE FOLLOWING ACCOUNT:

Depository (Name of Your Bank)	
Bank Name/ Branch: _____	
Street / P.O. Box _____	City: _____ State: _____ Zip: _____
Routing Number: _____	Account Number: _____
<i>(Please Check One)</i>	
<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Loan	
Beneficiary's Signature: _____	

DO NOT WRITE BELOW – FOR FSMSS USE ONLY

TYPE OF BENEFIT:	
<input type="checkbox"/> Retirement <input type="checkbox"/> Surviving Spouse	Beneficiary SS Number: _____
<input type="checkbox"/> Disability <input type="checkbox"/> Surviving Child(ren)	Wage Earner SS Number: _____
CLAIM DIVISION:	
Initials: _____	Effective Date of Change: _____