



REQUEST FOR CHANGE OF ADDRESS FSM SOCIAL SECURITY ADMINISTRATION

BENEFICIARY NAME: _____ DATE _____

WAGE EARNER: _____

I WOULD LIKE TO REQUEST THAT MY MONTHLY CHECK BE MAILED TO THE FOLLOWING ADDRESS:

FROM (Copy exactly as shown on check):	TO (New Address):
_____	_____
_____	_____
_____	_____
_____	_____

REASON FOR CHANGE OF ADDRESS:

BENEFICIARY'S SIGNATURE: _____

DO NOT WRITE BELOW – FOR FSMSS USE ONLY

TYPE OF BENEFIT:

Retirement Surviving Spouse Beneficiary SS Number: _____

Disability Surviving Child(ren) Wage Earner SS Number: _____

BRANCH OFFICE:

Date Paid: _____ Receipt No. _____ Initials: _____

CLAIM DIVISION:

Initials: _____ Effective Date of Change: _____

NOTE: PLEASE ENCLOSE A \$5.00 PROCESSING FEE IN CHECK OR MONEY ORDER PAYABLE TO **FSM SOCIAL SECURITY ADMINISTRATION** AND MAIL TO: P.O. Box L, Kolonia, Pohnpei FM 96941.