



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: Info@fsmssa.fm

Website: www.fsmssa.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: _____

(Please Check One)

- ☐ Checking Account
☐ Savings Account
☐ Loan

Beneficiary's Signature: _____

DO NOT WRITE BELOW – FOR FSMSS USE ONLY

TYPE OF BENEFIT:

- ☐ Retirement ☐ Surviving Spouse
☐ Disability ☐ Surviving Child(ren)

Beneficiary SS Number: _____

Wage Earner SS Number: _____

CLAIM DIVISION:

Initials: _____ Effective Date of Change: _____