ADDRESS/NAME CHANGE FORM

oregon
SAVINGS GROWTH PLAN

Complete this form if your address has changed.

Actively deferring State employees must submit address/name change information through agency payroll and human resource departments and should not use this form. All other participants should provide the requested information below and mail as directed.

PLEASE CHANGE MY ADDRESS/NAME AS FOLLOWS: PLEASE PRINT

OLD

Name
Address
City, State, Zip

NEW

Name
Address
City, State, Zip

X _____ _____

Participant's Signature (Do not print) Date

Social Security Number	**Telephone Number**

(This form must be signed by the participant in order to be processed.)

Mail this form to:

ING
Oregon Savings Growth Plan
P.O. Box 5166
Boston, MA 02206

Please review this form and keep a copy for your records. Call the Oregon Savings Growth Plan Information Line at 800-365-8494 if you have any questions. Customer Service Associates are available Monday through Friday, between 7:00 a.m. and 5:00 p.m. Pacific Time,except on New York Stock Exchange holidays.

Print Form *Clear Fields*

SL3