

# Pension Change of Address Request



Account Number:

Account Name:

## Customer Information

First Name:

Last Name:

Suffix:

Social Security Number:

Email address:

## New Address

Address type:  Primary  Alternate

Address Line 1:

Address Line 2 (optional):

City:

State / Province:

Postal Code:

Country:

Signature

Date

Upon completion of this form, please sign with today's date, and return to:  
Comerica Pension Services, PO Box 254706, Sacramento, CA 95865-4706 OR fax to: 916.384.2134