

**CHANGE OF ADDRESS FORM**

**FOR**

**PENSION, PPC, WNCC-HEALTH BENEFITS, STANDARD & TSPD**

**NAME:** \_\_\_\_\_

**New Church:** \_\_\_\_\_

**NEW HOME/PARSONAGE ADDRESS:**

\_\_\_\_\_

STREET

CITY

STATE

ZIP

**New Home Phone Number:** \_\_\_\_\_

**New Church Phone Number:** \_\_\_\_\_