

EMPLOYEE CHANGE OF ADDRESS FORM

NAME _____

NEW ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE  _____

SOCIAL SECURITY NUMBER _____

EFFECTIVE DATE _____

Do you currently participate in payroll deductions of U.S. Savings Bonds? yes no

Forward this completed form to Human Resources, Sandy Flaherty, Minneapolis office. Thank you.

(fold & staple)