

Desert Hospital Retirement Protection Plan

Change of Address

Participant Name: _____ Social Security Number: _____

(We ask for the old address as part of the verification process along with a notary. This is to protect you and your funds)

Old Address: _____ City _____ State: _____ Zip: _____

Phone Number: _____

New Address: _____ City _____ State _____ Zip _____

New Phone Number _____

Comments: _____

Notary Required

Notary is required unless you are bringing the form to our offices. We can verify your identity upon receipt.

State of California
County of _____

On _____ before me, _____, Notary Public, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature (s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the forgoing paragraph is true and correct.

Notary Signature

Notary Seal