CommonWealthONE
FOR YOU • FOR LIFE

4875 Eisenhower Ave.
P.O. Box 9997
Alexandria, VA 22304

CONTACT INFORMATION UPDATE FORM

MEMBER NAME ☐Primary Owner ☐Joint Owner ☐Both	DATE
I would like to make changes to: ☐My existing account(s) ☐Only my existing account(s) as designated	ACCOUNT NO. ACCOUNT NO.

HOME ADDRESS CHANGE (Street addresses only):

FORMER ADDRESS	APT/UNIT#	CITY	STATE	ZIP
NEW ADDRESS	APT/UNIT#	CITY	STATE	ZIP

MAILING ADDRESS CHANGE:

FORMER ADDRESS	APT/UNIT#	CITY	STATE	ZIP
NEW ADDRESS	APT/UNIT#	CITY	STATE	ZIP

PHONE NUMBER CHANGE (Select one only):

FORMER PHONE NO.	☐Home Phone	☐Cell Phone	☐Work Phone
NEW PHONE NO.	☐Home Phone	☐Cell Phone	☐Work Phone

EMAIL ADDRESS CHANGE

FORMER EMAIL ADDRESS

NEW EMAIL ADDRESS

AUTHORIZED SIGNATURE(S)

SIGNATURE OF PRIMARY ACCOUNT OWNER	DATE	SIGNATURE OF JOINT ACCOUNT OWNER	DATE
X		X	

OFFICE USE ONLY:	RECEIVED BY:	LOCATION:

NOTARIZATION (For mail-in forms only)

State: _____
County: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____,
by _____

Notary Signature: _____
Notary Registration No. _____
My Commission Expires: _____