



**Meeder Retirement Portfolios  
Change of Address Form**

Participant Name: \_\_\_\_\_

Plan Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Plan Number: \_\_\_\_\_

**I wish to change the address on my account**

New Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**By signing below, I verify the information above is correct.**

\_\_\_\_\_  
**Participant Signature (Required)**

\_\_\_\_\_  
**Date (Required)**

**Fax completed form to 614-791-2572 or  
mail to Meeder Investment Management, 6125 Memorial Drive Dublin, OH 43017**

**For Internal Use Only**

**Received by:**

\_\_\_\_\_ **Phone**

\_\_\_\_\_ **Fax**

\_\_\_\_\_ **Email**

\_\_\_\_\_ **Mail**

**Received From:**

\_\_\_\_\_ **Participant**

\_\_\_\_\_ **Rep**

\_\_\_\_\_ **Plan Sponsor**

\_\_\_\_\_ **Other**

**Processed by:** \_\_\_\_\_

**Date:** \_\_\_\_\_