



**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: _____