

## **CHANGE OF ADDRESS FORM**

It is very important that you provide us with your current mailing address. Having the correct mailing address will help prevent delays in getting important information to you.

You may update your address online. If you wish to do so, please go to our website, www.molagers.org, and simply click on the "myLAGERS" link to enroll and update your information. If you do not have internet access or would prefer using the paper form, you may complete the below information and return this form to our office.

PERSONAL INFORMATION (PLEASE PRINT)					
Name	First	Middle	Last	Social Security Number	
E-mail Address				Day Time Tel	ephone #
OLD ADDRE	SS (PLEASE PRI	NT)			
Street				Country	
City			State/Province		Zip Code
NEW ADDRE	ESS (PLEASE PR	INT)			
Street				Country	
City			State/Province		Zip Code
Signature of Mor	mber/Benefit Recipie	nt		Date	
Signature of Mei	moer/ benefit Recipie	iii		Date	

Please sign and return to LAGERS office:

Fax: 573-636-9671 P.O. Box 1665