

**EMPLOYEE DIRECTED SALARY DEFERRAL 403(b) PLAN  
ADDRESS CHANGE FORM**

Case Number 543-80506  
Central Maine Medical Family 403(b) Plan

THE PENSION SERVICE, INC.

**GENERAL INFORMATION**

\_\_\_\_\_  
SOCIAL SECURITY #      LAST NAME      FIRST NAME      MI      HOSPITAL

**ADDRESS CHANGE**

PRIOR ADDRESS:

NEW ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_  
PARTICIPANT

\_\_\_\_\_  
DATE

PLEASE MAIL OR FAX TO: CAROL INNISS  
THE PENSION SERVICE OF MAINE  
24 CITY CENTER, FIRST FLOOR  
PORTLAND, MAINE 04101

FAX: (207)842-6009