

ADDRESS CHANGE FORM

PENSION PLAN: _____

PAYEE INFORMATION

NAME: _____

PHONE NUMBER: _____

OLD ADDRESS: _____

NEW ADDRESS: _____

PERMANENT

SEASONAL*

*PROVIDE SEASONAL ADDRESS DATES:

MM/DD to MM/DD

Signature: _____

Date: _____

MAIL TO: COMMUNITY BANK, N.A.
ATTN: TRUST PENSION GROUP
P.O. BOX 690
OLEAN, NY 14760

CONTACT US: (716) 376-7478
pensiongroup@cbna.com