



Community Fund Ohio
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 www.communityfundohio.org

Change of Address Notification

(Return completed form to address or fax number above)

The contact information for the party identified below should be updated as follows:

<input type="checkbox"/> Grantor	<input type="checkbox"/> Beneficiary
<input type="checkbox"/> Designated Advocate	<input type="checkbox"/> Successor Designated Advocate
<input type="checkbox"/> Attorney of Record	<input type="checkbox"/> Other: _____

New Information:

Printed Name _____

Address _____

City, State, Zip _____

Phone Number(s) _____

Email Address _____

Other _____

Prior Information:

Printed Name _____

Address _____

City, State, Zip _____

Phone Number(s) _____

Email Address _____

Other _____

_____ Signature of Grantor or Designated Advocate	_____ Signature of Second Grantor (if applicable)
_____ Printed Name	_____ Printed Name
_____ Date	_____ Date
_____ Beneficiary's Name	_____ Agreement Number (consisting of 1-2 letters and 8 numbers)