

**ADDRESS CHANGE FORM**

**How to use this form**

This form should be used if you've moved and need to change your address, or if you are about to move and would like to change your address. It can also be used to request a temporary or seasonal address change or to update your e-mail address. When complete, please sign and mail to:

**Sovereign Bank  
 Mail Code: RI1-EPV-0218  
 P.O. Box 831001  
 Boston, MA 02283**

Please note that all **written requests must be notarized.\*\*** If you would prefer to complete this request by phone, please call 1-877-768-2265 and one of our Customer Service Representatives will be happy to assist you.

Required information is marked with an asterisk (\*).

**Account Holders**

**Account Holder 1**

**Account Holder 2†**

*First Name _____	_____
Middle Name _____	_____
*Last Name _____	_____

**Old Mailing Address**

\*Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

\*City/Town \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**New Mailing Address**

\*Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

\*City/Town \_\_\_\_\_

\*State \_\_\_\_\_

\*Zip Code \_\_\_\_\_

\*Contact Phone \_\_\_\_\_

Is this a temporary address?  Yes  No If yes, when should the previous address be reinstated? \_\_\_\_/\_\_\_\_/20\_\_\_\_

Would you like to update your **E-Mail Address**? Old \_\_\_\_\_ New \_\_\_\_\_

†If there are more than two account holders, please submit multiple forms.  
 \*\*Any written requests received that are not notarized will not be processed.

**ADDRESS CHANGE FORM, CONTINUED**

Due to Patriot Act Requirements, if you have changed your address to a P.O. Box, we will also require your updated physical address. Please provide below.

**New Physical Address**

\*Address 1 \_\_\_\_\_  
 Address 2 \_\_\_\_\_  
 \*City/Town \_\_\_\_\_  
 \*State \_\_\_\_\_  
 \*Zip Code \_\_\_\_\_  
 \*Contact Phone \_\_\_\_\_

**Impacted Account Numbers**

Please remember to include all applicable account numbers, including checking, savings, money market, CD, IRA, loan, line of credit, mortgage, and ATM Card/Visa® Debit Card.

Account Number \_\_\_\_\_  
 Account Number \_\_\_\_\_  
 Account Number \_\_\_\_\_  
 Account Number \_\_\_\_\_  
 Account Number \_\_\_\_\_  
 Account Number \_\_\_\_\_

Account Holder 1 Signature **X** \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_  
 Account Holder 2 Signature **X** \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Acknowledgment**

State of \_\_\_\_\_ )  
 County of \_\_\_\_\_ ) ss.  
 On the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, before me the undersigned notary public, personally appeared \_\_\_\_\_, personally known to me (or satisfactorily proven by means of this form of identification: \_\_\_\_\_) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that she/he/they (circle one) executed the same for the purposes therein contained.

In witness hereof I hereunto set my hand and official seal. \_\_\_\_\_ Date \_\_\_\_\_  
(Official Signature and Seal of Notary Public)  
 \_\_\_\_\_  
(Name of Notary Public typewritten or clearly printed)  
 Notary Public  
 My Commission expires \_\_\_\_\_

†If there are more than two account holders, please submit multiple forms.  
 \*\*Any written requests received that are not notarized will not be processed.