

**CHANGE OF ADDRESS FORM**

**FOR**

**Wespath, Healthgram, Clergy Benefits, Brick River, Colonial Life, ACA & TSPD**

**NAME:** \_\_\_\_\_

New Charge (including District): \_\_\_\_\_

New Home/Parsonage address:

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STREET

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CITY

STATE

ZIP

New Home Phone Number: \_\_\_\_\_

New Cell Phone Number: \_\_\_\_\_

New Church Phone Number: \_\_\_\_\_