



The State of Hawaii Island Savings Plan Change of Address Form

This form is for Terminated or Retired Participants. Unless you are an active participant and employed by the Judiciary, House of Representatives, Office of the Auditor, Hawaii Health Systems Corporation, University of Hawaii, or Department of Education. All other active participants MUST change their address through their departmental personnel office.

Please print or type the following information:

Name Ken Stabler		Social Security Number 123-45-6789
New Street Address 1234 Raiders Lane #1		Home Telephone Number (808)123-4567
City Honolulu	State, Zip HI, 96822	Work Telephone Number (808)956-0000
Department University of Hawaii	Division Lyon Arboretum	Work Location (if applicable)

Former Address Information

Street Address 123 Raiderette Drive	
City Honolulu	State, Zip HI, 96813

Authorization

Your signature is required to process this form. This change of address will take affect as soon as administratively possible.

Participant Signature

Date

Return completed form to:

CitiStreet
Attn: State of Hawaii Island Savings Plan
PO Box 55184
Boston MA 02205