

CHANGE OF ADDRESS - MANDATE FORM

I, the undersigned, hereby authorize ChangePal to act on my behalf
in order to update my mailing address with relevant institutions and service providers.

This mandate includes the authority to:

- Submit change of address notifications
- Fill out and send forms where required
- Communicate with organizations solely for the purpose of address change

Name: _____

New Address: _____

Email: _____

Phone: _____

Date: _____

Signature: _____

This mandate is valid until revoked in writing.
