**Change of Payee Address Form**

**DIRECTIONS:** This form is used to change the mailing address for a payee who has provided legal documentation (such as court orders or power of attorney authorization) to the Enrollment & Per Capita to show that the payee is legally able to receive payments on behalf of an individual who is a recipient of Crow Tribe benefits. Please write your name, date of birth, and enrollment number in **Section A** as well as the individual(s) for whom you are the designated payee in **Section B** (you may use another sheet of paper). Use **Sections C and D** to write the old address of where checks have been sent previously and the address of where checks should be mailed in the future (i.e., the payee’s address). You must take this form to a notary if you are unable to complete this form in the presence of and Enrollment & Per Capita staff member; **Section E** is designated for use by the notary.

<table>
<thead>
<tr>
<th>Section A: Identification of Payee</th>
<th>Section B: Identification of Benefit Recipient(s)</th>
<th>Section C: Old Mailing Address</th>
<th>Section D: New Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Name</strong>&lt;br&gt;(First — M.I. — Last)&lt;br&gt;2. Date of Birth (MM/DD/YYYY)&lt;br&gt;3. Enrollment Number (e.g. 202U123456)</td>
<td><strong>1a. Name</strong>&lt;br&gt;(First — M.I. — Last)&lt;br&gt;1b. Date of Birth (MM/DD/YYYY)&lt;br&gt;1c. Enrollment Number (e.g. 202U123456)</td>
<td><strong>1. Street or P.O. Box #</strong>&lt;br&gt;2. City&lt;br&gt;3. State&lt;br&gt;4. Zip Code</td>
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</tr>
<tr>
<td><strong>2a. Name</strong>&lt;br&gt;(First — M.I. — Last)</td>
<td><strong>2b. Date of Birth (MM/DD/YYYY)</strong>&lt;br&gt;2c. Enrollment Number (e.g. 202U123456)</td>
<td><strong>3a. Name</strong>&lt;br&gt;(First — M.I. — Last)</td>
<td><strong>3b. Date of Birth (MM/DD/YYYY)</strong>&lt;br&gt;<strong>3c. Enrollment Number (e.g. 202U123456)</strong></td>
</tr>
</tbody>
</table>

**Section E: Notary Section (must be completed)**

- **STATE OF ______________________________**
- **COUNTY OF ______________________________**
- **ON ______________________ BEFORE ME, ______________________________**
- **PERSONALLY APPEARED, ______________________________**
- **PERSONALLY KNOWN TO ME ______________________________**
- **WITNESS my hand and official seal ______________________________**
- **Enrollment Office Use Only**
  - **Family Number**
  - **Date Entered**
  - **Enrollment Staff — Print Name and Sign**

Revised 02/10/2020