



Please return to SPJST Home Office • PO Box 100 • Temple, Texas 76503-0100
or complete online at www.spjst.org

Change of Address Form

(Please complete separate form for each member.)

Member's Full Name _____ Date of Birth ____/____/____

If known, Certificate Number(s): _____

If member is juvenile, list address of payor. Payor's Name: _____

Old Address: _____

City _____ State _____ Zip _____

New Address: _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____ Ext. _____

Cell Phone (_____) _____ Email Address _____

..... **Optional Information**

Is your beneficiary information current on all certificates? Yes No

Would you like your SPJST Sales Agent to contact you for a certificate review? Yes No

If "yes," what is the best day and time to call for an appointment? Weekday Weekend

Morning Afternoon Evening

Are there any additions to your family who are not SPJST members?

Children Grandchildren Spouse Other

Would you like to receive additional information on member benefits? Please check all that apply.

Mortgage Loans Annuities Scholarships Youth Programs Lodge Activities

Vestnik (free weekly newspaper) Library/Museum Education and Nature Center

Other _____