

# CHANGE OF ADDRESS OR UPDATED AGENT OR BUSINESS REPRESENTATIVE

**To advise a change of address or to update your agent or business representative information:**

1. Fill in this form online. For change of address include both your old and new information.
2. Print the form using the print command on the PDF toolbar under the File menu.
3. Sign the form and return it to TTC via **Email**: formsadmin@theteamcompanies.com or by **Fax**: (818) 441-0048 or by **Mail**: The TEAM Companies, 2300 Empire Avenue, 5th Floor, Burbank, CA 91504

Many people have the same name.

Please fill in your full name as it appears on your Social Security card (not a stage name or alias). Include your middle initial or middle name, if any. Your Social Security Number (SSN) is required to ensure that the update is applied to the correct record. **Please note:** Requested changes cannot be made without your SSN, and the name must match the name on your SSN card.

Your Full Name	_____
Your SSN	_____
Stage Name or Alias (if any)	_____
Corporation (if any)	_____
Fed ID Nmbr	_____

### New/Current Address Information

Address _____	
City _____	State/Province _____
Zip/Postal _____	Country _____
Telephone _____	Mobile _____
Email _____	Fax _____

### Old Address Information

*My old address as noted below is no longer valid:*

Address _____	
City _____	State/Province _____
Zip/Postal Code _____	Country _____

### Agent or Business Representative Information

- |                                |                                   |  |
|--------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Agent | <input type="checkbox"/> Manager  | <input type="checkbox"/> Accountant/Bookkeeper   |
| <input type="checkbox"/> Other | <input type="checkbox"/> Attorney | <input type="checkbox"/> Business Representative |

- This is my only agent or business representative and replaces any other agent or representative information on file.

Other Explain: \_\_\_\_\_

- I have more than one agent or business representative. Please add this agent or representative to the list.

Company \_\_\_\_\_

Agent or Rep \_\_\_\_\_

#### My Business Representatives are:

Address Line 1 \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address Line 2 \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Zip/Postal \_\_\_\_\_ Country \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Under penalty of perjury, I certify that I am the person named and I am requesting the change of address or updated agent or business representative information as indicated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Form MUST be signed. Requested changes cannot be made without your signature.**