



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, 901 W. Alameda Ave., Suite 100, Burbank, CA 91506-2801.

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My old address as noted below is no longer valid: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

Agent Manager Accountant/Bookkeeper This is my only agent or business representative and replaces any other agent or representative information on file.

Other Attorney Business Representative

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

Other Explain: _____

Company _____

Agent or Rep _____

Address Line 1 _____

Address Line 2 _____

City _____ State/Province _____

Zip/Postal _____ Country _____

Telephone _____ Mobile _____

Email _____ Fax _____

My Business Representatives are:

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

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.