

CHANGE OF INFORMATION

Empowering individuals with disabilities to live their fullest life. John 10:10



Please complete this form to notify FLC of any changes to the following:

- Contact information for the Beneficiary, Grantor, Attorney, and/or Beneficiary Advocate
- Beneficiary Advocate designation
- Benefits Received

BENEFICIARY NAME:		ACCOUNT NUMBER:	
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Change of Beneficiary's Address or Phone Number

New Address: _____ City: _____ State: _____ Zip: _____
 Phone Number: _____ Email: _____
 Type of Residence: House Apartment Room Nursing Home Shelter
 Number of Other People in Home: _____ Rent Amount: \$ _____
 Landlord: _____ Phone Number: _____

Change of Grantor or Representative Attorney's Address or Phone Number

The contact information changes are for: Grantor Attorney
 New Address: _____ City: _____ State: _____ Zip: _____
 Phone Number: _____ Email: _____

Beneficiary Advocate Changes

Change of Address or Phone Number Change in Beneficiary Advocate designation
 Printed Name: _____ Relationship to the Beneficiary: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone Number: _____ Email: _____

"My purpose is to give life in all its fullness" – John 10:10

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