

Social Security Administration [SSA OFFICE STREET ADDRESS] [SSA OFFICE CITY STATE ZIP]

Re: Report of Change in Information for [BENEFICIARY S FULL LEGAL NAME] Social Security Number (last 4): XXX-XX-[LAST 4 DIGITS OF BENEFICIARY S] Date of Birth: Change Type: **Change of Address / Phone Number**

Dear Sir or Madam:

The purpose of this letter is to advise your office of the following change with respect to the Social Security benefits of [BENEFICIARY S FULL LEGAL NAME] (the "Beneficiary"). This letter is intended to accompany, or to serve as written notice of, the change described below, so that the Beneficiary's Social Security Administration ("SSA") record may be updated promptly and accurately.

1. Requester Identification

I am the Beneficiary identified above. My contact information is:

- **Name:** [YOUR FULL LEGAL NAME]
- **Address:** [YOUR MAILING ADDRESS]
- **Phone:** [YOUR PHONE NUMBER]

2. Beneficiary Identification

- **Full Legal Name:** [BENEFICIARY S FULL LEGAL NAME]
- **Social Security Number (last 4):** XXX-XX-[LAST 4 DIGITS OF BENEFICIARY S]
- **Date of Birth:**
- **Benefit Type:** Ssdi

3. Nature of the Change

The change being reported took effect on **** and is described below.

Change of Address and/or Phone Number

| | Previous | New | |---|---|---| | **Address** | [PREVIOUS ADDRESS] | [NEW ADDRESS] | | **Phone** | — (no change) | — (no change) |

Effective date of this change: ****.

4. Supporting Documentation

I understand that the SSA may require supporting documentation to verify this change. I am prepared to furnish original or certified-copy documents in person at the SSA field office upon request.

5. Important Legal and Procedural Notices

Not an official SSA form. This letter is a written notice intended to organize and communicate the change described above. It is **not** a substitute for any official SSA form that may be required to complete the change. Depending on the change type, the SSA may require completion of an official form — for example, Form SS-5 (Application for a Social Security Card) for name changes, Form SSA-1199 for international direct deposit, Form SSA-11-BK for Representative Payee applications, or Form SSA-721 for a statement of death. The Beneficiary or their authorized representative should also consider using the official channels provided by the SSA, including the My Social Security online portal at ssa.gov/myaccount, the SSA toll-free line at 1-800-772-1213, or the SSA field office locator at ssa.gov/locator.

Security of Social Security Number. This letter intentionally includes only the last four digits of the Beneficiary's SSN. The full SSN will be provided in person at the SSA field office, or by secure means directly to an authenticated SSA representative. I understand that Social Security Numbers are sensitive personally identifiable information and should not be transmitted by unsecured email or fax, or included in full on documents sent by regular mail. I have elected to deliver this letter via **Certified Mail** for this reason.

Online Portal Alternative. This change may also be made through the SSA's My Social Security portal at ssa.gov/myaccount. Users with existing accounts and without account restrictions may find online submission faster. This letter remains on file as written documentation of the request.

6. Contact and Follow-Up

You may contact me at the phone number listed above if you have any questions or require additional information or documentation to process this change. I will cooperate fully with any reasonable request and will furnish originals of supporting documents upon request.

Thank you for your prompt attention to this matter.

Sincerely,

Requester

PRINTED NAME

SIGNATURE

DATE

This notice is a private communication and is not an official Social Security Administration form. For official forms and SSA-administered services, visit ssa.gov.