memorandum

| nt, | | Agency | |
|----------------------------|--|---|--|
| Change of address for | | , IIM Account # | |
| pecial Tru | stee | | |
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| | | | |
| Change from (old address): | | To (new | address): |
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| | | | |
| or | Signature of: Account-holder Guardian Parent Power of Attorney | | Date |
| | | - | |
| int | | | |
| : :: | | | |
| | (Name & Title of BIA employee or Notary) Telephone No. | | Date |
| | | | |
| | | | approve of this change |
| | | Date: | |
| nt: | | | |
| | pecial Tru pecial Tru auth named ab nge from or int Telep e with 25 or | pecial Trustee , authorize the Bureau of I named above for the Statement ange from (old address): Or | , authorize the Bureau of Indian Affairs to change named above for the Statement of Performance and named from (old address): Signature of: |