



# Background Actors - Address Change Form

Please fill out this form, print, sign, and return to EP using the following method :

- Email: [CPIquiries@ep.com](mailto:CPIquiries@ep.com)

## Employee Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Email: \_\_\_\_\_

## Employee Resident Address

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Employee Mailing Address (if different from resident or if you want to add an Approved Representative on file)

C/O Representative's Name and Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Representative's Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Tax Form copy needed (specify: W-2, 1099, W2c): \_\_\_\_\_ Tax Year\*: \_\_\_\_\_

Select "one" Tax Copy Delivery Method:  E-mail  Mailing Address

\* 7 years of historical tax statements are available.

Signature\*: \_\_\_\_\_ Relation to employee\* \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Required if employee is a minor): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* If you are the employee, state "self" under relation. If you are signing on behalf of a business, state your title (i.e., Business Manager, Bookkeeper, etc.). If you are signing on behalf of another person, state your relationship (i.e., Personal Representative, Spouse, Parent, etc.). Attach a copy of your appointment as a business/personal representative, power of attorney, etc., as applicable.**

PLEASE NOTE: We require a "wet signature" from the employee or their approved representative. We will accept a markup signature from your iPhone or Android.