

**U.S. ARMY NAF BENEFITS OFFICE
PORTABILITY ADDRESS UPDATE FORM**

From: _____
Please Print Name

Last 4 SSN: _____

I am requesting that my permanent mailing address be updated in my NAF Retirement and/or 401K records to the address provided below:

Street Address

Street Address

City

State

Zip Code

Telephone Number

Email Address

Employee's Signature

Date

Please sign, date and return this form to:

Department of the Army
U.S. Army NAF Benefits Office
P.O. Box 340309
Joint Base San Antonio Ft. Sam Houston, Texas 78234
Fax: 210-466-1631

ATTN: **Rachel Waters**