ADDRESS CHANGE FORM

PRIVACY ACT STATEMENT

Complete section 1 to change your mailing or organizational address for pay related items. Complete Section 2 to change the mailing address for some or all of your payroll deduction U.S. Savings Bonds. Civilian employees do not use Section 2 for bonds.

SECTION 1

NAME	Social Security #	CHECK ONE:
		AD ☐ RET ☐ CIV ☐ GUARD/RES ☐ AIR FORCE ☐ ARMY ☐

NEW MAILING ADDRESS

NUMBER, STREET, PO BOX

CITY, STATE, ZIP, APO/FPO

NEW ORGANIZATIONAL ADDRESS

UNIT/OFFICE SYMBOL	DUTY PHONE	BOX NO	RNLTD	DEPARTURE DATE	EST ARR DATE

GRADE	LOCAL ADDRESS	HOME PHONE

FORWARDING ADDRESS

SECTION 2
ADDRESS CHANGE FOR PAYROLL DEDUCTION BONDS

	NEW		**NEW**
	☐ (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)		☐ (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)
B O N D #1	NAME TO WHOM MAILED	B O N D #2	NAME TO WHOM MAILED
	NUMBER, STREET, PO BOX		NUMBER, STREET, PO BOX
	CITY, STATE, ZIP, APO/FPO		CITY, STATE, ZIP, APO/FPO
	NEW		**NEW**
	☐ (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)		☐ (CHECK HERE IF THE SAME MAILING ADDRESS AS IN SECTION 1 AND COMPLETE FIRST BLOCK BELOW)
B O N D #3	NAME TO WHOM MAILED	B O N D #4	NAME TO WHOM MAILED
	NUMBER, STREET, PO BOX		NUMBER, STREET, PO BOX
	CITY, STATE, ZIP, APO/FPO		CITY, STATE, ZIP, APO/FPO

SIGNATURE OF MEMBER/EMPLOYEE	DATE

AF Form 1745, NOV 90 (Word 6.0)

PREVIOUS EDITION WILL BE USED