



THRIFT INVESTMENT PLAN – Address Change Request

- PLEASE FILL OUT THE INFORMATION BELOW

EMPLOYEE IDENTIFICATION

Social Security Number

Last Name

First Name

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New Address

PLEASE BE SURE TO PRINT YOUR ADDRESS CLEARLY!

Address:

City, State, Zip

AUTHORIZATION TO PROCESS THIS REQUEST

Employee Signature

Date:

Daytime Telephone Number

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(area code)

Return to: Agway Liquidating Trust, Benefits Administration, PO Box 4933, Syracuse, NY 13221-4933

IF YOU NEED ASSISTANCE COMPLETING THIS FORM, PLEASE CALL: 1-800-738-7823