

THOMAS P. DINAPOLI
STATE COMPTROLLER



110 STATE STREET
ALBANY, NEW YORK 12236

STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER
OFFICE OF UNCLAIMED FUNDS

Change of Address Form

Complete this form if your address changed since you last contacted us.

Reference Number: _____
(Located top right on correspondence from this office)

Name: _____
LAST NAME FIRST NAME MI

Old Address: _____
Street/PO Box (The address we currently have on file for you) APT

_____ CITY STATE ZIP



New Address: _____
STREET/PO BOX APT

_____ CITY STATE ZIP

Effective Date: ____/____/____ **Phone Number:** (____) ____ - ____

Email Address: _____

Signature: _____ **Date:** _____
(Your signature is required)

Return this form by mail:
Office of Unclaimed Funds
110 State Street
Albany, NY 12236
Email: nysouf@osc.state.ny.us
Fax: 518-270-2222.

Visit our webpage at <http://www.osc.state.ny.us/ouf>
You can contact us at nysouf@osc.state.ny.us or 800-221-9311.
We invite you to like us on Facebook at facebook.com/nyscomptroller 
and follow us on Twitter at @NYSComptroller 