

# Publix Address Change Authorization for Retirement and Stockholder Services Accounts

## Instructions

1. Complete the form below, print it and have all parties sign and date it.
2. Send the completed form by email to [Benefits.SharedServices@publix.com](mailto:Benefits.SharedServices@publix.com); fax to 863-413-5752; or mail to Publix Benefits Dept., P.O. Box 32040, Lakeland, Florida 33802-2040.

## Personal Information

Name: \_\_\_\_\_

Last 6 Digits of Social Security Number/Tax ID: XXX-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ or Personnel Number: \_\_\_\_\_

## Account Information

Please select the accounts you would like updated.

- All Accounts: PROFIT Plan (ESOP), 401(k) SMART Plan and Employee Stock Purchase Plan (ESPP)**
- PROFIT Plan (ESOP) and 401(k) SMART Plan accounts**
- **Non-Publix associates**  
Use this form to update your PROFIT Plan and 401(k) SMART Plan account address.
  - **Current Publix associates**  
Log in to PASSport to update your information.
- Employee Stock Purchase Plan (ESPP) accounts \***  
Please specify the stock account number(s) you want to update.  
If you have multiple stock accounts, complete a form for each account or select "All Accounts" checkbox above.

Account Number: \_\_\_\_\_

Account Registration Name: \_\_\_\_\_

## Address or Phone Number Changes

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## Signatures and Acknowledgements

I (we) represent that I (we) am authorized to make changes for the above referenced account and hereby authorize Publix Super Markets, Inc. (Publix) to update the account information as indicated above.

Stockholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Stockholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(for joint account)

*\*All stockholders shown in the registration of the stock certificate must sign as their name appears, with the exception of any Transfer on Death (TOD) beneficiaries. When signing as attorney-in-fact, executor, administrator, trustee, guardian, custodian or other representative capacity, please give full title as such.*