



Information Change Form

Instructions: Write in the fields of the form that apply to the information you need to change in PPL's system. Not all fields need to be filled in. Send the finished form to PPL:

- By email at PPLARK-CS@pplfirst.com, or
- By mail to: Public Partnerships LLC, 8000 Avalon Blvd, Suite 300, Alpharetta, GA 30009.

I am (check one): ☐ A Provider ☐ A Client/Representative

My PPL ID is: _____

Name Change Section

Note: PPL cannot update name records without a copy of the new social security card and picture ID.

My prior name was (first, middle, and last): _____

My name has changed to (first, middle, and last): _____

My name was changed on this date: _____

Did you attach the identity documents showing the above name change? ☐ Yes ☐ No

Contact Information Change Section

☐ Remove my prior email address: _____

☐ Add my email address: _____

☐ Remove my prior cell phone number: _____

☐ Add my cell phone number: _____

☐ Remove my prior home phone number: _____

☐ Add my home phone number: _____

☐ Remove my prior physical address: _____

☐ Add my new physical address: _____

☐ Remove my prior mailing address: _____

☐ Add my new mailing address: _____

☐ Add an additional new mailing address: _____

Agree and sign:

By signing below, I confirm that:

- The above changes I have requested are complete and correct.
- I am asking PPL to change the information in PPL's electronic system to match what I have entered above.

Your Signature: _____ **Date:** _____

Your Name (please print): _____