



INNOVATIONS FOR LIVING™

RETIREE ADDRESS CHANGE FORM (PLEASE PRINT CLEARLY)

Retiree Name _____

Retiree Social Security Number _____

(OR PeopleSoft ID if known) _____

New Address:

Effective Date _____

Please mail the address change form to:

Owens Corning

One Owens Corning Parkway

Toledo, OH 43659

Attn: Benefits Service Center MS56

Or Fax to: 1-800-936-5991

Or send via email to: Compensation&Benefits@owenscorning.com