Your Best Address Mail-In Pack Checklist

(Traditional and Digital)

Please DO NOT SEND until all boxes are checked. If you have a question, please call (605) 334-5313 or email info@yourbestaddress.com

_____ 1. Application for mail-forwarding:

   a. Name(s), address, phone, email, and emergency contact information completed.
   b. Forwarding schedule: Did you choose a specific day, dates, or frequency? (If nothing is chosen you will be 'On Demand').
   c. What kind of mail do you want to be sent to you? (If nothing is chosen you will be 'Send All').

_____ 2. Your Best Address Mail Forwarding agreement: (Page 4 of this packet)

   a. At the top of the page please list all names and date.

_____ 3. Customer signature and date (Page 6 of this packet)

   a. Please print your name, and date, and then sign next to *"Customer's Signature."*

_____ 4. Application of Delivery of Mail through Agent, USPS form 1583. This is a critical document. If we do not have this signed document on file, we cannot handle your mail. (Page 8 of this packet). There is an example form 1583 in this packet explaining how to fill it out. If two people are listed on the box USPS requires a separate form for each person.

   a. IDs not accepted (lines 8a & 8b) are social security cards, credit cards, or birth certificates. Please do not submit those as IDs, it will delay opening your Personal Mailbox (PMB). Please call 605-334-5313 or email info@yourbestaddress.com if you have questions.

_____ 5. Attach two color copies of federal or state-issued IDs.

_____ 6. Mail in the application, the 4-page contract, USPS form 1583, and color copies of your IDs for each adult on the (PMB).

_____ 7. Please call 605-271-1457 or 605-334-5313 with credit/debit card or checking account information to make a payment for your PMB.

NEXT STEPS

1. Complete a Change of Address with the Post Office. This can be completed online at USPS.com or in a Post Office.
    a. PERMANENT Change of Address if you are signing up for an annual agreement (i.e., full-time RV'er, travel nurse, pipeline worker, etc.)
    b. TEMPORARY Change of Address if you are signing up for fewer than twelve months.

    Please write your address as follows:

    Your Name(s)
    401 E 8th St., Ste. 214 PMB XXXX
    Sioux Falls, SD 57103-7049

Vehicle Registration: You can schedule an appointment once we have your completed paperwork in our office and you have received notice that your PMB is set up. This can take up to 8 days after we have received your completed application but is generally sooner. For a vehicle registration appointment please email vehicles@yourbestaddress.com.

South Dakota Residency: Obtaining your South Dakota driver's license is what gets your residency in South Dakota. You may go to any Driver's License Station in the state. YOU MUST PROVIDE ALL OF THE FOLLOWING at the Driver's License Station:

a. Current Driver's License (military ID is applicable)
b. Certified Birth Certificate (not a keepsake) or Current Passport
c. Social Security Card, a W-2, 1099, Pay Stub showing your full social security number.
d. Hotel/Campground receipt showing your name(s) and your new South Dakota address as shown above (or no address at all). Please note, a state park campground receipt is not acceptable.
e. Copy of our contract signed by all parties (we can email this to you).
f. Certified marriage certificate(s), if applicable.
g. DD-214 for Veteran status

Any questions on acceptable documentation please call the South Dakota Driver's License headquarters at 1-800-951-3696

Your Best Address
401 E 8th St., Ste. 214
Sioux Falls, SD 57103-7049
605-334-5313 or 800-419-1690

Legal Name: _____

Name of Additional Applicant or Business: _____

Nicknames or Known As: _____

(If known) mailing address: _____

City: _____ State: _____ Zip: _____

Primary Email: _____

Primary Phone: _____ Secondary Phone: _____

Secondary Email: _____

FMCA Membership # _____

Emergency Contact not traveling with you:

Name: _____ Relationship: _____ Phone: _____

ACCOUNTS WITH TWO OR MORE BUSINESSES ARE AUTOMATICALLY UPGRADED TO OUR BUSINESS BOX (+$17/month)

PRICING INCLUDES: RENT, $50 POSTAGE, 1-TIME NON-REFUNDABLE SETUP FEE, TAXES & CREDIT CARD FEE IF APPLICABLE

Pay by Check (by phone), money order, bank draft, etc.
(Payable to Your Best Address)

_____ 1 Year $293.89 _____ 1 Year Digital $457.56
_____ 6 Mon. $185.26
_____ 3 Mon. $130.94

Pay by card on phone, online.
(Prices include 2.9% CC fee)

_____ 1 Year $299.00 ___1 Year Digital $469.00
_____ 6 Mon. $190.63
_____ 3 Mon. $134.74

Must have an Annual Agreement to do Vehicle Registrations

HOW OFTEN DO YOU WANT MAIL:

_____ WEEKLY (CIRCLE) M T W TH F

_____ ONCE A MONTH PICK A DATE
_____ TWICE A MONTH___&___PICK 2 DATES

_____ ON DEMAND (when you call or email)

_____ PICK YOUR SCHEDULE I.E. EVERY 90 DAYS _____

_____ DIGITAL (additional $12.99/monthly access fee)

WHAT KIND OF MAIL DO YOU WANT:

_____ SEND EVERYTHING (Includes 3rd class, Advertisements, non-profit, magazines)

_____ NO JUNK (3rd class, presorted 3rd class, non-profit, ads, etc.)

_____ NO MAGAZINES (catalogs, subscribed & trade)

_____ I WANT MAGAZINES

_____ SPECIAL INSTRUCTIONS _____
_____

_____ AUTHORIZE YBA TO SIGN FOR PACKAGES (Certified, UPS, FedEx, DHL, etc.)
MUST SIGN #5 ON FORM 1583

Personal Mailbox Rental &
Mail Forwarding Agreement

This agreement, known as the Personal Mailbox Rental & Mail Forwarding Agreement, for the services specified below are between **Standing Bear LLC/Your Best Address** (known as **Your Best Address**) and (**Your Name/s**) _____ (known as **Customer**) was entered into on (**Date**) _____.

A. Payment for Services:

Any services requested by the Customer, including personal mailbox rental, digital mail, and any other service shall be paid for by the Customer annually (once per year) and in advance. A standard handling charge of $1.60 per USPS mailing shipment, and $2.60 for UPS, FedEx, or DHL shipments will be billed to the Customer. Any charges, including handling charges, fax forwarding charges, copying charges, open & scan charges, and box check charges shall be paid from Client's Postage Escrow account. If a Customer's Postage Escrow account reaches $0, no mail will be forwarded until the Customer provides sufficient funds for the service to continue.

All client accounts will automatically be renewed if they have not been canceled by the Customer prior to the scheduled expiration of the account. The scheduled expiration of the account is the date upon which services are set to end.

B. Confidentiality

All personal information given by the Customer to Your Best Address shall remain strictly confidential. Your Best Address will not sell, rent, or otherwise give away any confidential information of Customer, except to satisfy requests made by local or federal law enforcement agencies or postal inspectors according to federal law. The use of Your Best Address for any unlawful purpose is strictly prohibited. If a Customer uses any service provided by Your Best Address in violation of South Dakota or Federal law, all services to Customer will be terminated pursuant to section D (Termination of Services.)

C. Arbitration Clause

Any claim or controversy arising from or relating to this agreement shall be settled by binding arbitration. This arbitration shall be conducted under the rules of the Commercial Arbitration Rules, promulgated by the American Arbitration Association, except for the provisions listed explicitly below. The arbitration hearing shall take place in Sioux Falls, South Dakota before a single arbitrator who shall be chosen by the party not seeking arbitration. The arbitration will be done in accordance with relevant South Dakota and federal laws. The scope of discovery for this process shall be decided by the arbitrator. No demand for arbitration may be made when the legal or equitable proceedings the claim is based on are barred by the applicable statute of limitations. The arbitrator shall not award unforeseeable damages. The

the arbitrator shall not award punitive damages. The party demanding arbitration or any legal or equitable claim that will give rise to arbitral proceedings under this clause shall pay for arbitrator compensation and applicable filing fees. The arbitration proceedings and the arbitration award shall be kept strictly confidential by the parties, except as otherwise required by law for the enforcement of the said agreement.

D. Termination of Services

When you are ready to close your Personal Mail Box (PMB) it is necessary for you to use our "Close" JotForm in the YBA Client Portal. Please make sure you contact any mail contacts with your new address. Clients with negative account balances or negative postage balances will have to bring their accounts current to receive any remaining mail or it will be "returned to sender".

Customer agrees that, upon the termination of service for any reason, Your Best Address shall use all remaining Postage Escrow funds towards the final mailing. If additional funds are required for mail to be forwarded to Customer, Customer shall provide said funds.

Once the Customer receives a copy of the executed contract no refunds on the Personal Mailbox (PMB) will be issued. Initial here: _____

In the event of termination of services, there shall be no refund for unused or canceled service. By signing this agreement, the Customer agrees with USPS regulations that state mail will be forwarded once upon request within a six-month period to the client upon request. If the client falls behind on mailbox rent thirty (30) days Your Best Address will contact the client via email, telephone, and certified mail via the USPS. After ninety (90) days of delinquency on mailbox rent the mailbox will be closed. Your Best Address will adhere to all applicable state, federal, and agency regulations.

YBA reserves the right to send delinquent accounts to a collections firm. Additional Fees may apply. Please see Addendum A for further information.

E. Sample Customer Mailing Address

Line 1: Customer's name and/or Business Name
Line 2: 401 E. 8th St., Ste. 214 (Your Personal Mailbox [PMB] number) #_____
Line 3: Sioux Falls, South Dakota 57103

F. Contact Information

Customer service is very important to us. Your Best Address is happy to answer any questions that you might have. Please contact us through whichever method you'd prefer. Office hours are 9:00 am – 5:00 pm Monday – Friday.

Mail: **Your Best Address 401 E. 8th St., Ste. 214, Sioux Falls, SD 57103**
Email us at info@yourbestaddress.com for general questions.
mail@yourbestaddress.com for mail questions.
clients@yourbestaddress.com for signup questions.
Billing@yourbestaddress.com for account questions.
Call us at **1-800-419-1690** or **605-334-5313**

G. Vehicle Registration

If you wish to request vehicle registration, please refer to the separate Vehicle Registration form. Your Best Address is unable to process any vehicle registration requests until this Personal Mailbox Rental & Mail Forwarding Agreement and all applicable paperwork, has been received and processed by Your Best Address.

H. How to Begin Services

All information in this contract must mirror the information on USPS Form 1583. Please mail this Personal Mailbox Rental & Mail Forwarding Agreement, a notarized copy of the Application for Delivery of Mail Through Agent (USPS Form 1583), and all funds (in the form of credit card information, personal checks, cashier's checks, money orders, or bank checks).

Your Best Address 401 E. 8th St., Ste. 214, Sioux Falls, SD 57103

Print Customer's Name: _____ Date: _____

Customer's Signature: _____ Date: _____

Print Customer's Name: _____ Date: _____

Customer's Signature: _____ Date: _____

Your Best Address Signature: _____ Date: _____

ADDENDUM A:

SECTION D. TERMINATION OF SERVICES

1. All PMB rentals will automatically be renewed for another time period equal to the original rental unless written notice of termination is provided to Your Best Address within 1 day prior to the termination of the current contract. Please see the fees associated with the renewals below:

Traditional (Renewal)

$17.00	**1 month**	**3 months**	**6 months**	**9 months**	**1 year (13mo)**
Rent	$17.00	$51.00	$102.00	$153.00	$204.00
Tax	$1.11	$3.32	$6.63	$9.95	$13.26
Total (no cc}	$18.11	$54.32	$108.63	$162.95	$217.26
CC Fee	$0.53	$1.58	$3.15	$4.73	$6.30
Total (cc}	$18.64	$55.90	$111.78	$167.68	$223.56

Digital (Renewal)

$29.99	**1 month**	**3 months**	**6 months**	9 **months**	**1 year (13mo)**
Rent	$29.99	$89.97	$179.94	$269.91	$359.88
Tax	$1.95	$5.85	$11.70	$17.54	$23.39
Total (no cc}	$31.94	$95.82	$191.64	$287.45	$383.27
CC Fee	$0.93	$2.78	$5.56	$8.34	$11.11
Total (cc}	$32.87	$98.60	$197.20	$295.79	$394.38

UNITED STATES POSTAL SERVICE®

Application for Delivery of Mail Through Agent

See Reverse for Instructions, Definitions, Agreement Terms, and the Privacy Act Statement.

1. Private Mailbox (PMB) Information

1a. Date PMB Opened | 1b. Date PMB Closed

2. Commercial Mail Receiving Agency (CMRA) Place of Business Information

2a. Street Address to be Used for Delivery[1] | 2b. PMB #

2c. City | 2d. State | 2e. ZIP + 4®

3. Type of Service Requested

☐ Business/Organization Use[2] ☐ Residential/Personal Use[3]

4. Name of Applicant

4a. Last Name | 4b. First Name | 4c. Middle Initial

4d. Telephone Number (include area code) | 4e. Email Address

4f. Applicant's Street Home Address[1,4]

4g. City | 4h. State | 4i. ZIP + 4 | 4j. Country

4k. Is applicant a court-ordered protected individual? ☐ Yes ☐ No
If "Yes," you must attach a copy of the court order.

5. Authorized Individual[5]

5a. Last Name | 5b. First Name | 5c. Middle Initial

5d. Telephone Number (include area code) | 5e. Email Address

5f. Authorized Individual's Street Home Address[1,6]

5g. City | 5h. State | 5i. ZIP + 4 | 5j. Country

6. If Transferring PMB Mail to Another Address[7]…

6a. Street Address Mail Is Transferred To[1]

6b. City | 6c. State | 6d. ZIP + 4 | 6e. Country

6f. Telephone Number (include area code) | 6g. Email Address

7. Business/Organization Information

7a. Name of Business/Organization | 7b. Type of Business

7c. Business Street Address[1]

7d. City | 7e. State | 7f. ZIP + 4 | 7g. Country

7h. Telephone Number (include area code) | 7i. Place of Registration[8]

8. Photo ID Information for Applicant[9]

8a. Applicant's Name | 8b. Applicant's ID Number

8c. Issuing Entity | 8d. Expiration Date on the ID

8e. Photo ID type *(check one)*

☐ U.S. State/Territory/Tribal Driver's or Nondriver's ID Card[10]
☐ Uniformed Service ID ☐ Passport ☐ Certificate of Naturalization
☐ U.S. Access Card ☐ Matricula Consular ☐ U.S. Permanent Resident Card
☐ U.S. University ID Card ☐ NEXUS Card

9. Address ID Information for Applicant[11]

9a. Applicant's Name

9b. Applicant's Street Home Address[1]

9c. City | 9d. State | 9e. ZIP + 4 | 9f. Country

9g. Address ID type (check one) — Must Contain the Address in 9b–9f

☐ U.S. State/Territory/Tribal Driver's or Nondriver's ID Card[10]
☐ Current Lease ☐ Home or Vehicle Insurance Policy
☐ Mortgage or Deed of Trust ☐ Vehicle Registration Card ☐ Voter Card

10. Photo ID Information for Authorized Individual (if applicable)[9]

10a. Authorized Individual's Name | 10b. Authorized Individual's ID Number

10c. Issuing Entity | 10d. Expiration Date on the ID

10e. Photo ID type *(check one)*

☐ U.S. State/Territory/Tribal Driver's or Nondriver's ID Card[12]
☐ Uniformed Service ID ☐ Passport ☐ Certificate of Naturalization
☐ U.S. Access Card ☐ Matricula Consular ☐ U.S. Permanent Resident Card
☐ U.S. University ID Card ☐ NEXUS Card

11. Address ID Information for Authorized Individual (if applicable)[11]

11a. Authorized Individual's Name

11b. Authorized Individual's Street Home Address[1]

11c. City | 11d. State | 11e. ZIP + 4 | 11f. Country

11g. Address ID type (check one) — Must Contain the Address in 11b–11f

☐ U.S. State/Territory/Tribal Driver's or Nondriver's ID Card[12]
☐ Current Lease ☐ Home or Vehicle Insurance Policy
☐ Mortgage or Deed of Trust ☐ Vehicle Registration Card ☐ Voter Card

12. Exceptions for Additional Recipients of Mail[13]

13a. Signature of Applicant[14] | **13b. Date**

14a. Signature of Witness[15] | **14b. Date**

Direct questions to: Retail, Chief Retail and Delivery Officer at *CMRAprogram@usps.gov.*
This form is on the Internet at *www.usps.com.*®

Instructions and Footnotes

1	Include house number, street, and apartment/suite number if applicable.
2	For Business/Organization Use, complete item 7.
3	For Residential/Personal Use, complete a separate PS Form 1583 for each adult using this PMB.
4	Address must match document provided in item 9b.
5	The Applicant authorizes mail to be collected by the individual noted in item 5.
6	Address must match document provided in item 11b.
7	Complete item 6 if the mail addressed to this PMB is to be transferred, mailed, shipped, or emailed to another address.
8	The place of registration is the county and state (if domestic), or the country (if foreign).
9	Two types of identification are required for both the Applicant and, if listed, the Authorized Individual. One ID must be a government-issued photo ID. The second must confirm the Applicant's or Authorized Individual's address listed on this form. The acceptable types of photo ID are listed in items 8e and 10e. Attach a copy of the photo and address ID documents.
10	Although the driver's/nondriver's ID is listed in 8e and 9g as an option for *both* the Applicant's photo ID *and* address ID, *it may be used for only one of the IDs (either photo ID or address ID)*, not for both.
11	The acceptable types of address verification are listed in items 9g and 11g. Attach a copy of the photo and address ID documents.
12	Although the driver's/nondriver's ID is listed in 10e and 11g as an option for *both* the Authorized Individual's photo ID *and* address ID, *it may be used for only one of the IDs (either photo ID or address ID)*, not for both.
13	For Business/Organization Use: List members who will be receiving mail at this PMB. Each person listed must, upon request, present two forms of valid ID to the Postal Service. For Residential/Individual Use: A parent or guardian may receive the mail of a minor by listing the minor's name — the minor's ID is not required.
14	By signing this form, the applicant certifies the following — for Business/Organization Use, an officer must sign the application and provide his or her title: I certify that all information furnished on this form is accurate, truthful, and complete. I understand that anyone who furnishes false or misleading information on this form or omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.
15	The witness can be the agent, an authorized employee, or a Notary Public.

Definitions:
Agent: The Commercial Mail Receiving Agency (CMRA).
Authorized employee: An employee of the CMRA who is authorized to act on the CMRA's behalf.
Authorized individual: A person who is authorized to pick up mail for the PMB holder.

Agreement: In consideration of delivery of my mail or our firm's mail to the agent named on Page 1, the applicant and agent agree: (1) the applicant or the agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the applicant and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the applicant must file an updated application with the agent.

NOTE: The applicant must execute this form in the presence of the agent, his or her authorized employee, or a notary public. The agent uploads the original completed signed PS Form 1583 to the Postal Service's CMRA Customer Registration Database and retains the completed signed copy at the CMRA business location. The CMRA copy of PS Form 1583 must at all times be available for examination by the postmaster (or designee) and the Postal Inspection Service. The applicant and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery until corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in items 4f or 7c, and that the identifications listed in items 8–11 are valid. The agent must complete items 2a–2e, and items 14a and 14b if necessary (i.e., if the agent is the witness), and the customer must complete all the other items.

Privacy Act Statement: Your information will be used to administer the Commercial Mail Receiving Agency (CMRA) application, enrollment, and fulfillment processes, to verify your identity when applying for service via a CMRA, to ensure proper and secure delivery of mail to the correct recipient, and to permit delivery of your mail to your authorized agent. Collection is authorized by 39 USC 401, 403, and 404. Supplying the information is voluntary, but if not provided, we will not be able to fulfill your request for delivery of mail through an agent. We do not disclose your information without your consent to third parties, except for the following limited circumstances: incident to legal proceedings involving the Postal Service; for law enforcement purposes; to a congressional office on your behalf; to agents or contractors when necessary to fulfill a business function; to a U.S. Postal Service auditor; to labor organizations as required by applicable law; to government agencies in connection with decisions as necessary; to agencies and entities for financial matters; and for customer service purposes. In addition, information may be disclosed for the purpose of identifying an address as an address of an agent to whom mail is delivered on behalf of other persons. However, this specific routine use does not authorize the disclosure of the identities of persons on behalf of whom agents receive mail. All routine uses are subject to the following exception: Information concerning an individual who has filed an appropriate protective court order with the application will not be disclosed except pursuant to the order of a court of competent jurisdiction and subject to the approval of the USPS General Counsel. For more information on our privacy policies, visit *www.usps.com/privacypolicy*.

Witness my signature and official seal. Notary Public in and for the STATE OF _____,

COUNTY OF _____. On this _____ day of _____, 20_____, the applicant, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this application, appeared before me, and did personally sign the application.

Signature of Notary Public *My commission expires:*

_____ _____, 20_____

Official Seal:

Direct questions to: Retail, Chief Retail and Delivery Officer at *CMRAprogram@usps.gov.*
This form is on the Internet at *www.usps.com*.®