

**REQUEST FOR CHANGE OF ADDRESS**  
**For Retirees only**

Please select your plan:

- |   |  |
|---|--|
| <input type="checkbox"/> <b><u>Public Employees Retirement System</u></b> | <input type="checkbox"/> <b><u>Deputy Sheriff Retirement System</u></b>                  |
| <input type="checkbox"/> <b><u>State Troopers Retirement</u></b>          | <input type="checkbox"/> <b><u>Teachers Retirement (including service personnel)</u></b> |
| <input type="checkbox"/> <b><u>Judges Retirement System</u></b>           | <input type="checkbox"/> <b><u>Teachers Defined Contribution</u></b>                     |

**Name of Check Recipient:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Old Address:** \_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_, do hereby request that the Consolidated Public Retirement Board, as administrator of my state retirement plan, change my mailing address for all purposes relevant under said plan to the following:

New Address: \_\_\_\_\_  
\_\_\_\_\_

I understand that this will be the address to which all state retirement plan notices, information and correspondence will be sent on my behalf unless and until I notify the Consolidated Public Retirement Board, in writing, of any subsequent address change which should be made.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_