

## Pension Change of Address Form

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**Department retired from:** \_\_\_\_\_

**SSN**           xxx-xx- \_\_\_\_\_

**Please change my address to:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This change applies to:**

\_\_\_\_\_ Mailing Address Only

\_\_\_\_\_ Change of State of Residence Only

\_\_\_\_\_ Mailing address AND Change of State of Residence

\*Note: if changing State of residence, please complete State W4-P tax form if applicable

**Contact Phone number** \_\_\_\_\_

\_\_\_\_\_  
Signature of Retiree

\_\_\_\_\_  
Signature of Power of Attorney, if applicable (must be on file)

**\*\*Note - To be effective the following month, changes for disbursements on the 1st must be received by 10th of the previous month; Changes for disbursements on the 15th must be received by the 25th of the previous month**