



NOTIFICATION OF ADDRESS CHANGE RETIREE/BENEFICIARY

Name* _____

SSN* (last 4 digits) _____

Please change my home address from:

Address* _____

City* _____ State _____ Zip Code _____

To new home address : Check here if Mailing address
Address _____

City _____ State _____ Zip Code _____

Phone change

Home Phone Number _____

Cellular Phone Number _____

Work Phone Number _____

Email change

Home Email _____

Work Email _____

Do you currently have Direct Deposit? Yes No

If no, would you like to receive a Direct Deposit form? Yes No

Signature* _____ Date* _____

Please note your signature is very important. If the retiree/beneficiary is not able to sign document, we suggest the retiree/beneficiary have a family member obtain a power of attorney.

Please have in the pension office no later than the 28th of the month for the next month's retirement process.

*Indicates a required field
r:forms\RETIREE_address_change_fillable_v1.pdf

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