



**NOTIFICATION OF ADDRESS CHANGE  
INACTIVE OR VESTED RIGHTS MEMBERS**

Name\* \_\_\_\_\_ SSN\* (last 4 digits) \_\_\_\_\_

Current Address\*:                      Home                      Mailing  
\_\_\_\_\_  
City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip Code\*: \_\_\_\_\_

New Address\*:                      Home                      Mailing  
\_\_\_\_\_  
City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ Zip Code\*: \_\_\_\_\_

Phone change:              Home \_\_\_\_\_  
Cellular \_\_\_\_\_ Work \_\_\_\_\_

Email change:              Home: \_\_\_\_\_  
   Work: \_\_\_\_\_

Signature\* \_\_\_\_\_ Date\*: \_\_\_\_\_

**FOR ACTIVE EMPLOYEES, CONTACT YOUR DEPARTMENTAL PERSONNEL CLERK.**

**To Be Completed by a Notary Public:**

**STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_ who is personally known to me or produced  
a \_\_\_\_\_ as identification and to whose signature this  
notarization applies.

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(Name of Notary - Printed or Stamped)

\*Indicates a required field

**For Internal Office Use Only:**

Notes:	
Verified by:	Date:

\\Retirees\_address\_change\_rev\_05302025

Printed On