

REQUEST FOR CHANGE OF ADDRESS
For NonRetirees only

Retirees please use form located at <http://www.wvretirement.com/forms/ChangeAddress.pdf>

Please select your plan:

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

Select all that apply:

- | | | |
|--|---------------------------------|--------------------------------|
| <input type="checkbox"/> Loan | <input type="checkbox"/> Refund | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> QDRO | |

Member Name: _____

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: _____