

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

**Please Select Your Plan:**     **Public Employees Retirement**     **Deputy Sheriff Retirement**  
    **State Troopers Retirement**     **Teachers Retirement (including service**  
    **Judges Retirement**    **personnel)**  
    **Emergency Medical Services Retirement**

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**Select All that apply:**     **Loan**     **Refund**     **Other**  
    **Reinstatement**     **QDRO**

**Name of Member:** \_\_\_\_\_

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

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

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

\_\_\_\_\_

**Email 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:** \_\_\_\_\_