



**CHANGE OF INFORMATION REQUEST
 FOR THOSE RECEIVING A MONTHLY BENEFIT**

This is notification of my change of address. I understand that for security purposes, I should complete this form with my signature and submit it to the Retirement Clerk. Please use my current address listed below for future mailings. I understand that changing my address on this form does not change my direct deposit information on file.

Full Legal Name: _____

Social Security Number: _____ (Last 4 digits)

Date of Birth: _____

PROVIDE A COPY OF YOUR DRIVERS LICENSE

“OLD” Mailing Address:

Current / New Mailing Address:

Current (or new) Telephone Number: _____

Current (or new) Email Address: _____

EMERGENCY CONTACT INFO: _____
 Name Relationship Contact #

I, _____ do hereby swear that the information provided above is true and correct to the best of my knowledge. I understand that I am to notify the Retirement Clerk of any changes therein, immediately.

SIGNATURE / DATE

Internal Use Only	
Received By / _____	Date _____
Changed Date _____	