ADDRESS CHANGE NOTIFICATION

For expedited address change, FAX to 877.517.0021.

Retired Members: This form is for Home Address Only and is **Not** to be used for Direct Deposit Bank addresses.

Note: This will change your Home Address with **ALL** RSA accounts and any distribution payments that are mailed to your home address.

PART I MEM	IBER INFORMATION				
☐ Employees' Retirement System ☐ Teachers' Retirement System				☐ Judicial Retirement Fund	
□ Non-RS	A members who only have	e an RSA-1 acco	ount		
Name:	t Middle	Last	Maiden	Date of Birth: _	Mo. Day Year
	urity No.:				·
PART II ADD	PRESS INFORMATION				
Effective D	Pate of New Address:	Mo. Day Year			
Old Addres	ss:				
Address: _	Street Address or P. O. Box		City	State	Zip Code
New Addre	ess:				
Address: _	Street Address or P. O. Box		City	State	Zip Code
Signature o	of Participant:			D	ate: