FC-0162-0310

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY

DIVISION OF PENSIONS AND BENEFITS

PO Box 295, Trenton, NJ 08625-0295

CHANGE OF ADDRESS FORM

Please print all required information and return the completed form to the mailing address shown above. This form will be rejected if your retirement/membership number and/or your Social Security number is not completed.

Date: _____

Name: _____

Pension System: ☐ PERS ☐ TPAF ☐ DCRP ☐ PFRS ☐ SPRS ☐ ABP ☐ JRS

Membership or Retirement Number: _____

Social Security Number: _____ — _____ — _____

Daytime Phone Number: (_____) _____
AREA CODE

Type of Change: ☐ Active Employee Address Change for Health Benefits
Note: The Division does not maintain addresses for active employee pension accounts. Notify your employer of any change in your address.

☐ Retiree Address Change for Pension and Health Benefits

Former Mailing Address: _____
ADDRESS

_____
ADDRESS 2

_____
CITY STATE ZIP

Date New Address in Effect: _____
MONTH DAY YEAR

New Mailing Address: _____
ADDRESS

_____
ADDRESS 2

_____
CITY STATE ZIP

_____
Signature of Member or Retiree