



**PLEASE COMPLETE AND RETURN FORM TO MAIN OFFICE (ADDRESS BELOW)**

**IMPORTANT**

Please advise the State Retirement Board as soon as possible of any change in your mailing address (whether the change is permanent or temporary). We cannot accept address change requests via telephone, fax or email. You should mail this information to the Board as soon as possible. **Note: even if you receive your allowance through direct deposit, the Board periodically mails important documents, such as 1099-R Tax Forms and Benefit Verification Forms.** If you have a temporary residence for a few months each year (e.g. winter house in Florida), please provide us with the date you will be at each address.

Full Name (please print)

MSRB I.D. (if known)

Email address

Last four digits of Social Security Number

I receive my monthly retirement allowance by (check one):

MAIL

DIRECT DEPOSIT

**OLD ADDRESS**

Number and Street Name and/or P.O. Box Number

Phone Number

City/Town

State

Zip Code

Country (If outside of the U.S.)

**NEW ADDRESS**

Number and Street Name and/or P.O. Box Number

Phone Number

City/Town

State

Zip Code

Country (If outside of the U.S.)

**PLEASE RECORD MY NEW ADDRESS AS A (CHECK ONE):**

PERMANENT CHANGE

TEMPORARY CHANGE

**If TEMPORARY, please fill out the following:**

I wish to receive mail at this address beginning on (month, day, year) and ending on (month, day, year)  
Start Date End Date

Benefit Recipient's Signature

Date

Please check if:  POWER OF ATTORNEY  GUARDIAN  CONSERVATOR

**This form may be signed by a Power of Attorney, Guardian, or Conservator as long as a copy of the legal document is on file with the State Retirement Board.**