



THE COMMONWEALTH OF MASSACHUSETTS
State Retirement Board

**INACTIVE MEMBER
CHANGE OF NAME OR
ADDRESS FORM**

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 over the telephone or via email. You should mail this information as soon as possible. **The Board periodically mails important documents.** If you have a temporary residence for a few months each year, please provide us with the date you will be at each address.

Previous or Current Full Legal Name

MSRB I.D. (if known)

New Legal Name (If applicable)

Last four digits of Social Security Number

Email address

Telephone Number

PLEASE INCLUDE A COPY OF YOUR MARRIAGE CERTIFICATE IF APPLICABLE.

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

Inactive Member'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.