

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 CODEType 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 BenefitsFormer Mailing Address: _____
ADDRESS_____
ADDRESS 2_____
CITY_____
STATE_____
ZIPDate New Address in Effect: _____
MONTH DAY YEARNew Mailing Address: _____
ADDRESS_____
ADDRESS 2_____
CITY_____
STATE_____
ZIP_____
Signature of Member or Retiree