## ADDRESS CHANGE NOTIFICATION

## For expedited address change, FAX to 877.517.0021.

**Retired Members:** This form is for Home Address Only and is **No**T 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 MEMBER INFORMATION				
C Employees' Retirement System	O Teachers' Retirement System O Judicia		ll Retirement Fund	
Non-RSA members who only have	an RSA-1 account			
Name: First Middle	Last Maiden	_ Date of Birth: _	Mo. Day Year	
Social Security No.:				
PART II ADDRESS INFORMATION				
Effective Date of New Address:	Mo. Day Year			
Old Address:				
Address:Street Address or P. O. Box	City	State	Zip Code	
New Address:				
Address:Street Address or P. O. Box	City	State	Zip Code	
Signature of Participant:		Da	te:	

**Print & Sign Form**