



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS

P.O. 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.

Note: The New Jersey Division of Pensions & Benefits does not maintain addresses for active PERS, TPAF, PFRS, SPRS, or JRS employee pension accounts. Notify your employer of any change in your address.

PART 1 — MEMBER INFORMATION

Name _____ Membership or Retirement Number _____

Pension System PERS TPAF DCRP PFRS SPRS ABP JRS

Social Security Number _____ Phone Number _____

Email Address _____

PART 2 — ADDRESS INFORMATION

Former Mailing Address

Street *City* *State* *Zip*

Type of Change Active Employee Address Change for Health Benefits only
 Retiree or ABP/DCRP Address Change for Pension and Health Benefits

New Mailing Address

Street *City* *State* *Zip*

Date New Address in Effect ____/____/____

PART 3 — SIGNATURE

_____ /____/____

Signature of Member or Retiree *Date*