



State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS

P.O. Box 295, Trenton, NJ 08625-0295

RETIREE CHANGE OF ADDRESS FORM

This form is for retirees of the Public Employees' Retirement System (PERS), Teachers' Pension and Annuity Fund (TPAF), Police and Firemen's Retirement System (PFRS), State Police Retirement System (SPRS), and Judicial Retirement System (JRS). If you are an active member of these pension systems, you should notify your employer of any change in your address. Active and retired members of the Alternate Benefits Program (ABP), Defined Contribution Retirement Program (DCRP), or Supplemental Annuity Collective Trust (SACT) should use the *ABP/DCRP/SACT Change of Address Form* to report an address change.

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.

PART 1 — RETIREE INFORMATION

Name _____
First Last MI

Retirement Number _____ Social Security Number _____

Pension System PERS TPAF PFRS SPRS JRS

Phone Number _____

Email Address _____

PART 2 — ADDRESS INFORMATION

Former Mailing Address

Street City State Zip Code

New Mailing Address

Street City State Zip Code

Date New Address in Effect ____/____/____

PART 3 — SIGNATURE

Signature of Retiree Date