



State of New Jersey • Department of the Treasury

**DIVISION OF PENSIONS & BENEFITS — DEFINED BENEFIT AND
DEFINED CONTRIBUTION BUREAU**

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

ABP/DCRP/SACT CHANGE OF ADDRESS FORM

This form is for members or retirees of the Alternate Benefits Program (ABP), Defined Contribution Retirement Program (DCRP), or Supplemental Annuity Collective Trust (SACT) only. If you are an active member of any other pension fund, notify your employer of any change in your address. Retirees of the PERS, TPAF, PFRS, SPRS, or JRS must use the *Retiree 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 — MEMBER OR RETIREE INFORMATION

Name _____
First Last MI

Membership or Retirement Number _____ Social Security Number _____

Pension System ABP DCRP SACT 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 Member or Retiree ____/____/____
Date