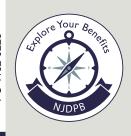
PC-1132-0225



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 Member Benefits Online System (MBOS) 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			Last		
Membership or Retirement Number			Social Security Numb		
Pension System	□ DCRP	☐ SACT	Phone Number		
Email Address					
PART 2 — ADDRESS INFORMAT	ION				
Former Mailing Address					
Street		C	ty	State	Zip Code
New Mailing Address					
Street		Ci	ity	State	Zip Code
Date New Address in Effect					
PART 3 — SIGNATURE					
	Signature of Mem	her or Petiree			