



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*