

State of Hein Jergey Department of the Treasury Division of Pensions and Benefits (609) 292-7524 TDD (609) 292-7718 www.state.nj.us/tieasury/pensions

JON S CORZINE

Governor

Mailing Address:
PO Box 295
Trenton, NJ 08625-0295
Location:
-50 West State Street
Trenton, New Jersey

BRADLEY I. ABELOW

State Treasurer

Frederick J. Beaver
Director

Date	
-	

CHANGE OF ADDRESS FORM

This request will be rejected if your retirement/membership number and/or your Social Security number is not completed. Please print all required information. Return completed form to the mailing address located in the upper right hand corner.

Name:		(Please Print)	· · · · · · · · · · · · · · · · · · ·	
Check whether you are:	Active	or	Retired	
Pension System:		Membership	or Retirement Number:	
Social Security Number:				
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Date New Address in Effect:				
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