

CHANGE OF ADDRESS/NAME

Please Complete the Applicable Areas:

CHANGE OF ADDRESS:

| | |
|---|---|
| Name (as it appears on check or non-negotiable) | Social Security Number |
| Are you currently receiving an NHRS monthly benefit? _____ Yes _____ No | Employer's Name (if you are currently employed) |
| Old Address | New Address |
| City, State, Zip | City, State, Zip |
| Old Telephone | New Telephone |

CHANGE OF NAME

Important!! Please provide proof of name change (marriage certificate, legal document, etc.)

| | |
|--------------|----------------|
| Former Name | |
| Current Name | Effective Date |

IMPORTANT!!

Without your authorizing signature, we will be unable to process the changes you have requested.

| | |
|--------------|------|
| Printed Name | |
| Signature | Date |

FOR OFFICE USE ONLY:

| | |
|---------------------|------------|
| ANNUITANT | ACTIVE |
| Retirement # _____ | By _____ |
| Employer # _____ | Date _____ |
| By _____ Date _____ | |