

Receipt Date

Change of

Address Form
For Active Members Only (not retirees)

RS 5512

Office Use Only

| PLEASE PRINT CLEARLY USING CAPITAL LETTERS. USE ONLY BLUE OR BLACK INK. STAY WITHIN BOXES. LEAVE BLANK BOXES BETWEEN WORDS AND NUMBERS. | |
|--|---|
| Registration Number (if known) Social Security Number Date of Birth Month Day Year | |
| _ast Name First Name M.I. | |
| | |
| Old Address Information: | |
| Street Address | |
| State Zip Code |] |
| New Address Information: Street Address 1 | 7 |
| | |
| Street Address 2 | |
| | |
| City State Zip Code | |
| | |
| Daytime Telephone Number | |
| () | |
| -mail Address | |
| | |
| Signature | |
| Date Month Day Year | |
| his form cannot be processed without your signature. | |

Mail this completed form to:

New York State and Local Retirement Systems Member & Employer Services - Registrations 110 State Street Albany NY 12244