



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.

Date: ____/____/____

Name: _____

Pension System: PERS TPAF DCRP PFRS SPRS ABP JRS

Membership or Retirement Number: _____

Social Security Number: _____-_____-_____

Daytime Phone Number: (_____) _____
Area Code

Type of Change: Active Employee Address Change for **Health Benefits only**

Note: The 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.

Retiree Address Change for Pension and Health Benefits

ABP/DCRP Address Change for Pension and Health Benefits

Former Mailing Address: _____
Address 1

_____ Address 2

_____ City State Zip

Date New Address in Effect: ____/____/____

New Mailing Address: _____
Address 1

_____ Address 2

_____ City State Zip

Signature of Member or Retiree