THE COMMONWEALTH OF MASSACHUSETTS

State Board of Retirement

ONE WINTER STREET, 8TH FLOOR, BOSTON, MA 02108

RETIREE CHANGE OF ADDRESS FORM

PLEASE COMPLETE AND RETURN FORM TO MAIN OFFICE (ADDRESS BELOW)

RESET

IMPORTANT

Please advise the State Retirement Board as soon as possible of any change in your mailing address (whether the change is permanent or temporary). We cannot accept address change requests over the telephone. You should mail or fax (617-723-1438) this information as soon as possible. **Even if you receive your allowance through direct deposit, the Board periodically mails important documents, such as 1099-R Tax Forms and Benefit Verification Forms.** If you have a temporary residence for a few months each year (e.g. winter house in Florida), please provide us with the date you will be at each address.

Full Name (please print) _____ MSRB I.D. (if known) _____

E-mail address _____ Last four digits of Social Security Number _____

I receive my monthly retirement allowance by (check one): ☐ MAIL ☐ DIRECT DEPOSIT

OLD ADDRESS

Number and Street Name and/or P.O. Box Number _____ Phone Number _____

City/Town _____ State _____ Zip Code _____

Country (If outside of the U.S.) _____

NEW ADDRESS

Number and Street Name and/or P.O. Box Number _____ Phone Number _____

City/Town _____ State _____ Zip Code _____

Country (If outside of the U.S.) _____

PLEASE RECORD MY NEW ADDRESS AS A (CHECK ONE): ☐ PERMANENT CHANGE ☐ TEMPORARY CHANGE

I wish to receive mail at this address beginning on _____ (Date), continuing until further notice in writing to the board.

Member/Recipient's Signature _____ Date _____

Please check if: ☐ POWER OF ATTORNEY ☐ GUARDIAN ☐ CONSERVATOR

This form may be signed by a Power of Attorney, Guardian, or Conservator as long as a copy of the legal document is on file with the State Retirement Board.