

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 _____	