



Public Employees Retirement Association

60 Empire Drive, Suite 200, St Paul, MN 55103-2088
Telephone: (651)296-7460; or Toll Free 1 (800) 652-9026
Fax: (651) 297-2547

Payment Recipient Address Change Request Form

To be completed by payment recipients.

| PART A—PAYMENT RECIPIENT INFORMATION: | | |
|---|--|----------------|
| Name—Last, First, and Middle Initial (Please Print) | Social Security Number (last four digits) <u>XXX-XX-_____</u> | PERA ID Number |

| PART B—PREVIOUS ADDRESS INFORMATION: | |
|--|-------------------------|
| Previous Street Address (Please Print) | APT NO. (if applicable) |
| City, State, and Zip Code | |

| PART C—NEW ADDRESS INFORMATION: | |
|-----------------------------------|-------------------------------|
| New Street Address (Please Print) | APT NO. (if applicable) |
| City, State, and Zip Code | Effective Date of New Address |

| PART D—SIGNATURE REQUIRED | |
|---|---------------|
| This form must be completed and signed by the payment recipient or a legal representative of the payment recipient (under a Power of Attorney agreement or court-ordered Conservatorship, for example). Legal representatives should include a copy of any agreement or court order granting the legal representative the authority to act on behalf of the payment recipient with this form. | |
| _____ Signature of Payment Recipient or Legal/Representative | _____ Date |