

Member Mailing Address Change

Purpose of the Form

• Use this form to change your mailing address for both your PERSI Base Plan and Choice Plan 401(k) accounts. Statements, correspondence, tax information, and benefit payments will be sent to this new address.

Instructions

Complete the form in blue or black ink.

Member Social Security Number

- Active Members (currently working for a PERSI employer)
 Send this form to your employer's payroll clerk to update your address. PERSI receives member name and address information directly from your employer each month.
- Retirees and Inactive Members (not currently working for a PERSI employer)
 Send this form directly to PERSI.

		Member Information				
Name – First, Middle, Last						
New	Street or P.O. Box					
Mailing Address	City		Stat	е	Zip Code	
Daytime Phone Number (include area code)		Email Address		Effective D	ate of Change – mm/dd/yyyy	

Member Certification				
Signature	Date - mm/dd/yyyy			
Note: If you are unable to sign the form, PERSI will accept the signature of a designated power of attorney. However,				

Note: If you are unable to sign the form, PERSI will accept the signature of a designated power of attorney. However, PERSI must have form RS113 *PERSI Durable Limited Power of Attorney* on file authorizing the designee to sign for you.

Employer Payroll Clerk

• Electronic reporting

Update your own records and forward the new information to PERSI by means of your *Transmittal Report of Employee Deductions* **only**. Do **not** send this form to PERSI.

Paper reporting

Update your own records and send this form to PERSI.

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