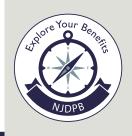
PC-1132-0322



State of New Jersey • Department of the Treasury

## DIVISION OF PENSIONS & BENEFITS — DEFINED BENEFIT AND DEFINED CONTRIBUTION BUREAU

P.O. Box 295, Trenton, NJ 08625-0295

## ABP/DCRP/SACT CHANGE OF ADDRESS FORM

This form is for members or retirees of the Alternate Benefits Program (ABP), Defined Contribution Retirement Program (DCRP), or Supplemental Annuity Collective Trust (SACT) only. If you are an active member of any other pension fund, notify your employer of any change in your address. Retirees of the PERS, TPAF, PFRS, SPRS, or JRS must use the *Retiree Change of Address Form* to report an address change.

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.

## PART 1 — MEMBER OR RETIREE INFORMATION

Name			
First	Last		MI
Membership or Retirement Number	Social Security Number		
Pension System	☐ SACT Phone Number	·	
Email Address			
PART 2 — ADDRESS INFORMATION			
Former Mailing Address			
Street	City	State	Zip Code
New Mailing Address			
Street	City	State	Zip Code
Date New Address in Effect//	_		
PART 3 — SIGNATURE			
Cianatura of Manh	per or Petiree		

Rowan Universi	ity Change of Address Fo	rm Rowan ID Numl	ber
Print First and Middle Name	Print Last Name	Social Security I	Number
Home address 1(number and street or ru	·		
Home address 2(number and street or ru	al route)		
City or town, state, and zip code			
Empl	oyee Signature	Date	Phone