



State of New Jersey • Department of the Treasury

**DIVISION OF PENSIONS & BENEFITS**

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

**CHANGE OF ADDRESS FORM**

**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.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Pension System:     PERS     TPAF     DCRP     PFRS     SPRS     ABP     JRS

Membership or Retirement Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_

Daytime Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
*Area Code*

Type of Change:     Active Employee Address Change for **Health Benefits** only

**Note:** The Division of Pensions & Benefits **does not** maintain addresses for active PERS, TPAF, PFRS, SPRS, or JRS employee pension accounts. Notify your employer of any change in your address.

Retiree Address Change for Pension and Health Benefits

ABP/DCRP Address Change for Pension and Health Benefits

Former Mailing Address: \_\_\_\_\_  
*Address 1*

\_\_\_\_\_ *Address 2*

\_\_\_\_\_ *City State Zip*

Date New Address in Effect: \_\_\_\_/\_\_\_\_/\_\_\_\_

New Mailing Address: \_\_\_\_\_  
*Address 1*

\_\_\_\_\_ *Address 2*

\_\_\_\_\_ *City State Zip*

**Signature of Member or Retiree:** \_\_\_\_\_

<b>Rowan University Change of Address Form</b>		Rowan ID Number
Print First and Middle Name	Print Last Name	Social Security Number
Home address 1(number and street or rural route)		
Home address 2(number and street or rural route)		
City or town, state, and zip code		
Employee Signature	Date	Phone