



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  ABP  DCRP  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**

\_\_\_\_\_  
Signature of Member or Retiree Date

<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