



Please Complete the Applicable Areas:

CHANGE OF ADDRESS:	
Name (if retired, as it appears on check or non-negotiable)	Social Security Number (last four digits)
Are you currently receiving an NHRS monthly benefit? _____Yes _____No	Employer's Name (if you are currently employed)
Old Address	New Address
City, State, Zip	City, State, Zip
Old Telephone	New Telephone
CHANGE OF NAME:	
Please provide proof of name change (marriage certificate, legal document, etc.)	
Former Name	
Current Name	Effective Date
SIGNATURE:	
Please provide your signature to authorize the requested change.	
Printed Name	
Signature	Date
FOR OFFICE USE ONLY:	
ANNUITANT	ACTIVE
Retirement # _____	By _____
Employer # _____	Date _____
By _____ Date _____	

