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Change of Address Form

This application is for members who wish to change their address that NYCERS has on file. Should you have any questions regarding this application, please contact our Call Center at 347-643-3000.

Member Number	OR	Pension Number	Last 4 Digits of SSN	Phone Number
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First Name	M.I.	Last Name

New Address:

IN CARE OF (IF APPLICABLE)

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Address	Apt. Number

City	State	Zip Code

Previous Address:

IN CARE OF (IF APPLICABLE)

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Address	Apt. Number

City	State	Zip Code

If you are currently receiving monthly payments from NYCERS, check one of the following boxes only.

- Continue sending my check to the bank.
- Cancel sending my check to the bank.
Please send my check to my new address, as listed above.

Signature of Member

Date

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This form must be acknowledged before a Notary Public or Commissioner of Deeds

State of _____ County of _____ On this ____ day of _____ 20____, personally appeared before me the above named, _____, to me known, and known to me to be the individual described in and who executed the foregoing instrument, and he or she acknowledged to me that he or she executed the same, and that the statements contained therein are true.

Signature of Notary Public or Commissioner of Deeds _____
 Official Title _____
 Expiration Date of Commission _____

If you have an official seal, affix it

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