



Retiree's Name/Address Change/Duplicate 1099R

Type or print clearly in dark ink. Illegible forms may be returned to member. This could delay your request.

Due to processing time, this change may not be completed before your next payment is received. (The post office will forward PERS checks if you notify them of your address change.)

| | | | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|--|--|
| Social Security number * | | | | | | | | | |
| | | | | | | | | | |
| PERS number | | | | | | | | | |

Note: Address will be edited to conform with USPS standards.

OLD

| | | | | |
|------------------------------------|-------|----------------------|---------|----------------|
| First name | MI | Last name | | |
| Mailing address (street or PO box) | | | | Apt./Space no. |
| City | State | Zip | Country | |
| Day phone number | | Evening phone number | | |

NEW

| | | | | |
|------------------------------------|-------|----------------------|---------|----------------|
| First name | MI | Last name | | |
| Mailing address (street or PO box) | | | | Apt./Space no. |
| City | State | Zip | Country | |
| Day phone number | | Evening phone number | | |



Check the appropriate box(es):

- Continue to send my benefits directly to my financial institution.
(This address change is only for PERS' use in contacting me.)
- Use this address change for mailing my monthly check to me.
- This is a name change. I have attached a copy of a document showing my new name
(e.g., marriage certificate, divorce decree, court order, drivers license, or social security card).
- Send a duplicate copy of the 1099R for _____ (year)
- Address change effective date _____.



Signature (do not print) _____ Date _____

Print signature _____

| | |
|---|--|
| Office use only | |
| <input type="checkbox"/> PERS <input type="checkbox"/> OPSRP <input type="checkbox"/> IAP | |
| <input type="checkbox"/> Member <input type="checkbox"/> Alternate payee | |
| <input type="checkbox"/> Cross reference member SSN | |
| | |
| | |
| | |
| | |

*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form.

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling 503-598-7377, toll free 888-320-7377, or TTY 503-603-7766.