



Office of the New York State Comptroller
 New York State and Local Retirement System
 Employees' Retirement System
 Police and Fire Retirement System
 110 State Street, Albany, New York 12244-0001

Receipt Date

Office Use Only

Change of Address Form

For Active Members Only (*not retirees*)

RS 5512

(Rev. 9/04)

PLEASE PRINT CLEARLY USING CAPITAL LETTERS. USE ONLY BLUE OR BLACK INK. STAY WITHIN BOXES.
 LEAVE BLANK BOXES BETWEEN WORDS AND NUMBERS.

Registration Number (if known)	Social Security Number	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Month Day Year

Last Name	First Name	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Old Address Information:

Street Address

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

New Address Information:

Street Address 1

Street Address 2

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime Telephone Number

E-mail Address

Signature

Date		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

This form cannot be processed without your signature.

Mail this completed form to:
 New York State and Local Retirement System
 Member & Employer Services - Registration
 110 State Street-Mail Drop 5-7
 Albany NY 12244