MONTANA TEACHERS' RETIREMENT SYSTEM

1500 East Sixth Avenue
P O Box 200139
Helena, MT 59620-0139

CHANGE OF HOME MAILING ADDRESS

The Teachers' Retirement System must be advised of any permanent change in address. Changes must be submitted in writing to the above address and must be signed by the member or benefit recipient. Thank you.

Please type or print legibly in dark ink.

FULL NAME: _____

SOCIAL SECURITY #: _____

PREVIOUS ADDRESS:

Mailing Address: _____

City, State, Zip: _____

NEW ADDRESS:

Mailing Address: _____

City, State, Zip: _____

Effective Date: _____ Phone # _____

SIGNATURE: _____ Date: _____

NOTE: IF ANYONE OTHER THAN THE MEMBER OR BENEFIT RECIPIENT SIGNS THIS FORM, LEGAL DOCUMENTATION GIVING THEM THE AUTHORITY TO DO SO MUST BE ATTACHED TO THIS FORM.

If you have questions or need assistance: Active Members call (406) 444-3134
Benefit Recipients call (406) 444-3185

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1992, ALTERNATIVE ACCESSIBLE FORMATS OF THIS DOCUMENT WILL BE PROVIDED UPON REQUEST