

ESSEX REGIONAL RETIREMENT SYSTEM

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CHANGE OF ADDRESS FORM

PRINT NAME: _____

SOCIAL SECURITY NUMBER (LAST FOUR): XXX-XXX-_____

DATE OF BIRTH: ____/____/____
(mm/dd/year)

CURRENT/FORMER ADDRESS:

Street

Apt/Suite/Other

City/Town

State and Zip

NEW ADDRESS:

Street

Apt/Suite/Other

City/Town

State and Zip

Effective date of the new address: ____/____/____
(mm/dd/year)

Is this a temporary or permanent address: (Please check the appropriate box below)

☐ Temporary

☐ Permanent

IMPORTANT: *If the new address listed above is a temporary address, please complete and submit to the retirement system a separate Change of Address form when the temporary address is no longer effective.*

ADDITIONAL CONTACT INFORMATION:

CURRENT TELEPHONE: _____ (Home)

_____ (Cell)

_____ (Other)

CURRENT EMAIL: _____

ADDITIONAL MEMBERSHIP INFORMATION:

MEMBERSHIP STATUS: (Please check one below)

☐ Active Member ☐ Retired Member ☐ Inactive Member ☐ Beneficiary

EMPLOYER UNIT IN ERRS: _____

Please sign the completed form below. Thank you for keeping your account information up-to-date.

SIGNATURE

DATE