

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

RECEIVED

Change of Address Form

For Active Members Only (not retirees)

RS 5512

(Rev. 11/12

PLEASE PRINT CLEARLY USING CAPITAL LETTERS. USE ONLY BLUE OR BLACK INK. STAY WITHIN BOXES. LEAVE BLANK BOXES BETWEEN WORDS AND NUMBERS.															S .																														
Last 4 Digits of Registration Number (if known) Last 4 Digits of Social Security Number* Maiden or Other Name Used Date of B																																													
									rity							or Other Name Used									_	_	4	[Date of Birth																
								-				\perp																										╢							
																_																				Mo	ontl	h	D	ay					
Last	Na	me	_	_	_	_	_			_	_	_		_	_	_	_			_	Fi	rst	Na	me	_	_			_	_	_	_		_	_		_		_	_	_	1	۷.I.		_
															\perp	\perp					\perp	Ц							L						L						\perp				L
Old				ess	i	nfc	ori	ma	ati	on	:																																		
City												_										,	Stat	tα					7ir	C	nde												_		_
City																	ĺ	ota					1	Zip Code													_		_						
																					Ш	Į						J																	
Ne Stree					s	Inf 	OI	rm	at	io	n:	\neg			Τ	Т	7				T	Т			Τ	Т			Τ	Т	Т				Τ	T	7			Т		1			Г
Stree	et A	Addr	ess	2																																									
				Т	T	Т				Т	Т	П		П	Т	Т				П	Τ	П			Τ				Т	Τ	Т			П	Т	T				Т		П	\Box		Г
City							_				_						_					_				_			State		_			Zin	C	do									
City			Т	Т	Т	Т	Т		П	Т	Ť	П		Т	Т	Т	П			Т	Т	Т			1			Γ	olali	,				Zip		ue			Т	٦.					Т
Ш				_			_			_	_			_	_	_	_					_						L						L		_	_		_		L	_			L
Dayt	ime	e Te	leph	one	Nu	mbe	er								_																														
()																																										
			,																																										
E-ma	ail /	Add	ress	_	_	_	_			_	_	_		_	_	_	_			_	_	_		_	_	_			_		_			_	_	_	_		_	_	_	_			_
				L											L	⊥					┸								L						L						⊥				
C:	_4																																			D-1	_								
Sign	atu	re																														٦				Dat	e 	٦ſ			16	\neg	_		Т
																																				IVIC	ווווו	1	D	ay			16	zai	
This	s fo	orm	ca	nno	t b	ер	ro	ces	sse	d v	vit	ho	ut '	yοι	ır s	igr	nat	ure	∍.																										
						•										_			etec	l fo	rm	ı to) :																						
													Ne	w \	Yorl	< S	tat	e a	nd	Loc	cal	Re	etire	eme	ent	Sy	/ste	em																	
													Me Re	emb eais	oer stra	& E tion	⊨m ۱ –	plc) ءMء	yer ail E	Se Oron	ervi n 5	ice -6	S																						

PERSONAL PRIVACY PROTECTION LAW

In accordance with the Personal Privacy Law you are hereby advised that pursuant to the Retirement and Social Security Law, the Retirement System is required to maintain records. The records are necessary to determine eligibility for and to calculate benefits. Failure to provide information may result in the failure to pay benefits. The System may provide certain information to participating employers. The official responsible for maintaining these records is the Director of Member and Employer Services, New York State and Local Retirement Systems, Albany, NY 12244; telephone number (518) 474-3524.

110 State Street Albany NY 12244

*SOCIAL SECURITY DISCLOSURE REQUIREMENT