



# Member Mailing Address Change

## Purpose of the Form

- Use this form to change your mailing address for both your PERSI Base Plan and Choice Plan 401(k) accounts. Statements, correspondence, tax information, and benefit payments will be sent to this new address.  
**Note:** For other personal information changes, please call the PERSI Answer Center at 1-800-451-8228.

## Instructions

- Complete the form in blue or black ink.
- Active Members** (currently working for a PERSI employer)  
Send this form to your employer's payroll clerk to update your address. PERSI should receive your updated name and address information in your employer's next regular payroll report.
- Retirees and Inactive Members** (not currently working for a PERSI employer)  
Send this form directly to PERSI.

Member Social Security Number

Member Information			
Name – First, Middle, Last			
<b>New Mailing Address</b>	Street or P.O. Box		
	City	State	Zip Code
Daytime Phone Number (include area code)		Email Address	Effective Date of Change – mm/dd/yyyy

Member Certification	
Signature	Date – mm/dd/yyyy
<p><b>Note:</b> If you are unable to sign the form, PERSI will accept the signature of a designated power of attorney. However, PERSI must have form RS113 <i>PERSI Durable Limited Power of Attorney</i> on file authorizing the designee to sign for you.</p>	

## Employer Payroll Clerk

- Update your own records and forward the new information to PERSI by means of your *Transmittal Report of Employee Deductions* **only**. Do **not** send this form to PERSI.

