

**REQUEST FOR CHANGE OF ADDRESS**  
**For NonRetirees only**

Retirees please use form located at <http://www.wvretirement.com/forms/ChangeAddress.pdf>

Please select your plan:

- |  |   |
|--|---|
| <input type="checkbox"/> <u>Public Employees Retirement System</u> | <input type="checkbox"/> <u>Deputy Sheriff Retirement System</u>                  |
| <input type="checkbox"/> <u>State Troopers Retirement</u>          | <input type="checkbox"/> <u>Teachers Retirement (including service personnel)</u> |
| <input type="checkbox"/> <u>Judges Retirement System</u>           |   |

Select all that apply:

- |  |                                 |                                |
|--|---------------------------------|--------------------------------|
| <input type="checkbox"/> Loan          | <input type="checkbox"/> Refund | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> QDRO   |                                |

**Member Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Old Address:** \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, do hereby request that the Consolidated Public Retirement Board, as administrator of my state retirement plan, change my mailing address for all purposes relevant under said plan to the following:

New Address: \_\_\_\_\_  
\_\_\_\_\_

I understand that this will be the address to which all state retirement plan notices, information and correspondence will be sent on my behalf unless and until I notify the Consolidated Public Retirement Board, in writing, of any subsequent address change which should be made.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_