

Address Change Card for Retirees and Deferred Members

Juneau: (907) 465-4460 TDD: (907) 465-2805 Fax: (907) 465-3086

FOR OFFICE USE ONLY

Toll-Free: (800) 821-2251 drb.alaska.gov

Division of Retirement and Benefits P.O. Box 110203 Juneau, AK 99811-0203

I am currently receiving or am entitled to receive a monthly benefit, or have an account balance in the following systems:

			PLEASE CHE	CK ALL	THAT APP	LY		
PERS	□TRS	☐JRS	□NGNMRS	□NGNMRS □E		PORS SBS-AP		Deferred Compensation
MEMBER INFOR	MATION							
NAME (LAST / FIRST	Γ / M.I.)							
RETIREMENT IDENTIFICATION NUMBER (RIN)					LAST 4 DIGI	ITS OF SOCIAL SECURITY NUMBER		
R000				OR	XXX-XX			
OLD MAILING AI	DDRESS							
STREET OR P.O. BC	X							
CITY						STATE	ZIP	
NEW MAILING A	DDRESS							
STREET OR P.O. BC	ОХ							
CITY						STATE	ZIP	
If you are leaving Alaska, please indicate your actual departure date here: (mm/dd/yy				(mm/dd/yyyy)				
This	is a permane	nt change of a	ddress.					
☐ I will	be gone for n	nore than 90 da	ays and will update	e my add	lress upon r	ny return.		
To apply for Ala	ska Cost-of-	Living Allowa	nce (COLA), com	plete for	m 02-1896a	a. This form o	does not	replace COLA notification.
Complete the Ele		•		es form ((02-1900r) t	o have your b	enefit ch	eck deposited directly into
		Toll-f		Box 110 AK 998)203 11-0203			
SIGNATURE (REQUI	IRED)				DATE		TELEPHO	ONE NUMBER

An original, handwritten signature is required on this form. Electronic signatures will not be accepted.

R&B ADDRESS UPDATE						
SYSTEM	DATE INPUT	INITIAL				
DRB						
EMPOWER						
COLA						

	Fold Here	
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	_	amp
RETURN ADDRESS	, н	lere



STATE OF ALASKA
DEPARTMENT OF ADMINISTRATION
DIVISION OF RETIREMENT AND BENEFITS
P.O. BOX 110203
JUNEAU, AK 99811-0203

TAPE CLOSED – DO NOT STAPLE