



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

Receipt Date

Office Use Only

Change of Address Form

For Active Members Only (*not retirees*)
RS 5512
(Rev. 9/04)

PLEASE PRINT CLEARLY USING CAPITAL LETTERS. USE ONLY BLUE OR BLACK INK. STAY WITHIN BOXES. LEAVE BLANK BOXES BETWEEN WORDS AND NUMBERS.

Registration Number (if known) - Social Security Number - - Date of Birth / /
Month Day Year

Last Name First Name M.I.

Old Address Information:

Street Address

City State Zip Code

New Address Information:

Street Address 1

Street Address 2

City State Zip Code -

Daytime Telephone Number ()

E-mail Address

Signature

Date / /
Month Day Year

This form cannot be processed without your signature.

Mail this completed form to:
 New York State and Local Retirement System
 Member & Employer Services - Registration
 110 State Street-Mail Drop 5-7
 Albany NY 12244