

STATE OF DELAWARE OFFICE OF PENSIONS

CHANGE OF ADDRESS FORM

PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS

Please submit a Change of Address Form for any change in your mailing address (whether permanent or temporary). We cannot accept address change requests over the telephone. Even if you receive your allowance through direct deposit, the Office periodically mails important documents, such as 1099-R Tax Forms and Benefits Open Enrollment. If you have a temporary residence for a few months each year (e.g. winter house in Florida), please provide the date you will be at each address.

Name: First, M.I., Last (please print):		Da	Date for Change:	
Email Address:		Per	Pension ID or SSN:	
OLD ADDRES	SS			
Street or P.O. Box			Phone Number	
City/Town		State	Zip Code (5 digit Zip Code only)	
Country (If outside of the U.	S.)			
NEW ADDRES	22			
Street or P.O. Box			Phone Number	
City/Town		State	Zip Code (5 digit Zip Code only)	
Country (If outside of the	: U.S.)			
	NEW/			
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		NT CHANGE	TEMPORARY CHANGE	
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