

# DEFINED BENEFIT PLAN CHANGE OF ADDRESS FORM



If you are currently working for a SERS-participating employer, you must also share this address change information with that employer. **Please do not file an address change form more than one month before you move.**

FORMER ADDRESS			
Payee's Full Name (First, MI, Last)		Payee's SSN	
Street Address		Telephone	
City, State, Zip			
<b>Payee Type</b> <input type="checkbox"/> SERS Member <input type="checkbox"/> Survivor/Beneficiary <input type="checkbox"/> Alternate Payee			
I hereby authorize and request the Pennsylvania State Employees' Retirement System (SERS) to change my mailing address to the new address listed below. I understand that this change of address will not alter any direct deposit arrangements I may have. I understand that to start or change the direct deposit, a new <i>Direct Deposit of Annuity Payments</i> form must be completed.			
NEW ADDRESS			
Street Address		Effective Date	
City	State	Zip	Phone Number
Payee's Signature		Date	
<b>Power of Attorney (POA) or Guardian Signature</b> (When this form is not signed by the Payee)		Effective Date	
For this form to be processed, POA or guardianship papers must be on file at SERS or accompany this form and be approved by SERS.			