



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