NEW YORK STATE AND LOCAL RETIREMENT SYSTEMS
110 STATE STREET
ALBANY NY 12244-0001

Receipt Date

Office Use Only

Change of Address Form

For Active Members Only ***(not retirees)***

RS 5512
(5/02)

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 Systems
Member & Employer Services - Registrations
110 State Street
Albany NY 12244