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**UPDATE MEMBER CONTACT INFORMATION**

Member Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Pension Number: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

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**Previous Mailing Address:**

Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

**New Mailing Address:**

Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

**Seasonal Address (Optional):**

Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Beginning Date (MM/DD/YYYY): \_\_\_\_\_ Ending Date (MM/DD/YYYY): \_\_\_\_\_

**Additional Contact Information:**

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_