



CHANGE OF ADDRESS For Retired Members

MEMBER INFORMATION		
Last Name	First Name, MI	Social Security Number*
Date of Birth	Retirement Number (leave blank if unknown)	
Daytime Phone Number ()	Email Address	
PREVIOUS ADDRESS		
Mailing Address		
City	State	Zip Code
NEW ADDRESS		
Mailing Address		
City	State	Zip Code
Cancel Direct Deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you wish to change your direct deposit, please visit our website at http://mpera.mt.gov/ for a Direct Deposit form.		
SIGNATURE AND DATE (required)		
Signature	Date	