



CHANGE OF ADDRESS For Inactive Members

Please print

PERSONAL INFORMATION			
Last Name	First Name, MI	Social Security Number*	
Date of Birth	Former Employing Agency (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	
<p>To protect your confidential information, we do not allow the US Post Office to forward mail generated by this office. We must be advised in writing (signed by the member or benefit recipient) of any change in your mailing address. If anyone other than the member or benefit recipient signs this form, legal documentation giving them the authority to do so must be attached to this form.</p> <p>It is imperative that we be notified, in writing, of all changes to your mailing address. Having your current mailing address on file ensures that you will receive other important correspondence about your account.</p>			
SIGNATURE AND DATE (required)			
Signature			Date

* For identification and tax purposes. §19-2-403(8) MCA, 26 USC § 6109.