



Montana Public Employee Retirement Administration
PO Box 200131 • Helena MT 59620-0131
(406) 444-3154 • Toll Free (877) 275-7372
<http://mpera.mt.gov>

CHANGE OF ADDRESS For Inactive Members

Please print

PERSONAL INFORMATION		
Last Name	First Name, MI	Last 4 SSN
Date of Birth	Retirement Number (leave blank if unknown)	
Phone Number	Email Address	
PREVIOUS ADDRESS		
Mailing Address		
City	State	Zip Code
NEW ADDRESS		
Mailing Address		
City	State	Zip Code
Please notify us of any change in your mailing address, even if you receive your checks by direct deposit. Having your current mailing address on file ensures that you will receive year-end tax statements and other important correspondence about your benefits. If anyone other than the member or benefit recipient signs this form, legal documentation giving them the authority to do so (such as a power of attorney) must be attached to this form.		
SIGNATURE AND DATE (required)		
Signature	Date	