



Address Change Card for Retirees and Deferred

FOR OFFICE USE ONLY

Toll-Free: (800) 821-2251
alaska.gov/drb

Division of Retirement and Benefits
 P.O. Box 110203
 Juneau, Alaska 99811-0203

Juneau: (907) 465-4460
 TDD: (907) 465-2805
 FAX: (907) 465-3086

I am currently receiving or am entitled to receive, a monthly benefit or have an account balance in the following systems.

PLEASE CHECK ALL THAT APPLY

- PERS
 TRS
 NGNMRS
 EPORS
 SBS Annuity (SBS-AP)
 Deferred Compensation Plan (DCP)

Name (Last, First, M.I.)		Social Security Number or RIN <i>(Required)</i>	
OLD MAILING ADDRESS		NEW MAILING ADDRESS	
Street or P.O. Box		Street or P.O. Box	
City, State, ZIP		City, State, ZIP	
Signature <i>(Required)</i>		Date	Telephone Number

If you are leaving Alaska, please indicate your actual departure date here: _____ *(mm/dd/yyyy)*

- This is a permanent change of address.
 I will be gone for more than 90 days and will update my address upon my return.

To apply for Alaska Cost-of-Living Allowance (COLA), complete form 02-1896a. This form does not replace COLA notification.

Complete the Electronic Direct Deposit Authorization for Retirees form (02-1900r) to have your benefit check deposited directly into your financial institution. If you have any questions, contact:

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R&B ADDRESS UPDATE		
System	Date Input	Initial
PERS		
TRS		
JRS		
NGNMRS		
EPORS		
SBS		
DCP		
COLA		

Fold Here

RETURN ADDRESS

**Place
Stamp
Here**



**STATE OF ALASKA
DEPARTMENT OF ADMINISTRATION
DIVISION OF RETIREMENT AND BENEFITS
P.O. BOX 110203
JUNEAU, AK 99811-0203**

Tape closed - do not staple