



# NHRS

New Hampshire Retirement System

## CHANGE OF ADDRESS/NAME

**Please Complete the Applicable Areas:**

<b>CHANGE OF ADDRESS:</b>	
Name (if retired, as it appears on check or non-negotiable)	Social Security Number (last four digits)
Are you currently receiving an NHRS monthly benefit? _____Yes _____No	Employer's Name (if you are currently employed)
Old Address	New Address
City, State, Zip	City, State, Zip
Old Telephone	New Telephone
<b>CHANGE OF NAME:</b>	
<b>Please provide proof of name change (marriage certificate, legal document, etc.)</b>	
Former Name	
Current Name	Effective Date
<b>SIGNATURE:</b>	
<b>Please provide your signature to authorize the requested change.</b>	
Printed Name	
Signature	Date
<b>FOR OFFICE USE ONLY:</b>	
<b>ANNUITANT</b>	<b>ACTIVE</b>
Retirement # _____	By _____
Employer # _____	Date _____
By _____ Date _____	



New Hampshire Retirement System, 54 Regional Drive, Concord, NH 03301-8507  
603-410-3500 or toll-free: 877-600-0158  
Web Site: [www.nhrs.org](http://www.nhrs.org)  
Email: [info@nhrs.org](mailto:info@nhrs.org)