State of West Virginia Consolidated Public Retirement Board Internet Form (Signature in Blue Ink Only)

4101 MacCorkle Avenue SE, Charleston, West Virginia 25304-1636 Telephone: 304-558-3570 or 800-654-4406 Fax: 304-558-1394

REQUEST FOR CHANGE OF ADDRESS For NonRetirees only

Retirees please use form located at http://www.wvretirement.com/forms/ChangeAddress.pdf

Please select your plan:			
Public Employees Retirement System		Deputy Sheriff Retirement System	
State Troopers Retirement		Teachers Retirer	ment (including service personnel)
Judges Retireme	nt System		
Select all that apply:	Loan	Refund	Other
	Reinstatement	QDRO	
Member Name:			
Social Security Number:			
Telephone Number:			
Old Address:			_
			_
I,	tor of my state retiremen	, do hereby request	t that the Consolidated Public iling address for all purposes
New Addr	ess:		
I understand that this will be the dencewill be sent on my behalf u of anysubsequent address change	inless and until I notify	the Consolidated Publi	
Dated:		Signed:	