



**Main Office**  
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 One Monarch Place, Suite 510  
 Springfield, MA 01144-4028  
**Phone** 413-784-1711  
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# Change of Address Form

Benefit Recipient

## INSTRUCTIONS

It is vitally important that you keep us informed of any change in your home address, whether temporary or permanent: **your retirement allowance checks and direct deposit statements will not be forwarded.** We will also be sending you financial documents and other forms (1099-R tax form, verification of eligibility) throughout your retirement.

Please send us notification of any change in your address at least 30 days before the effective date of the change; any changes received after the 15th of the month will not be reflected until the following month. While we cannot accept address changes over the telephone, we will accept changes via fax. You will, however, still need to send us the original form.

Please complete this form and return it to our main office.

If you have any questions, please visit us online at [mass.gov/mtrs](http://mass.gov/mtrs), or feel free to call us at (617) 679-MTRS. Thank you!

M T R S   U S E   O N L Y

## PERSONAL DATA

Part  
**1**

Social Security number **XXX-XX-** \_\_\_\_\_ MTRS member number, if known \_\_\_\_\_

Name *Last* \_\_\_\_\_ *First* \_\_\_\_\_ *Middle* \_\_\_\_\_

E-mail address \_\_\_\_\_

## ADDRESS UPDATE

If, from year to year, you regularly reside at a temporary address (for example, you spend winters at your current address and summers at your temporary address), you still need to notify us every year of the dates you will be at each address.

Part  
**2**

**Permanent Address**

I wish to receive mail at this address beginning on \_\_\_\_\_ and continuing until further notice.

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

**Temporary Address, if any**

I wish to receive mail at this address from \_\_\_\_\_ through \_\_\_\_\_. After this time, send mail to my permanent address.

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

## MEMBER'S STATEMENT AND SIGNATURE

Part  
**3**

I, the undersigned, am the benefit recipient named in Part 1. I hereby notify the MTRS that my address is as listed in Part 2, above.

Signature \_\_\_\_\_ Date \_\_\_\_\_