MONTANA
TEACHERS' RETIREMENT SYSTEM

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PO BOX 200139
HELENA MT 59620-0139
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406 444-3134
1-866-600-4045

TRS Office Use Only

CHANGE OF MAILING ADDRESS

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK.

The Montana Teachers' Retirement System (TRS) must be advised of any change in your mailing address. Changes must be submitted in writing to the above address and must be signed by the member or benefit recipient. If anyone other than the member or benefit recipient signs this form, legal documentation giving them the authority to do so must be attached to this form.

MEMBER OR BENEFIT RECIPIENT INFORMATION

First_____ Middle _____ Last _____ Suffix _____
Printed Name

_____
Maiden Name

XXX - XX - __ __ __ __
Social Security Number

PREVIOUS MAILING ADDRESS

_____
Mailing Address – Including City, State & Zip+4 Code (If unknown, use 5-digit Zip Code)

_____ _____
Home Phone (Area Code and Telephone Number) Cell Phone (Area Code and Telephone Number)

NEW MAILING ADDRESS

_____
Effective Date of Change

_____
New Mailing Address – Including City, State & Zip+4 Code (If unknown, use 5-digit Zip Code)

_____ _____
New Home Phone (Area Code and Telephone Number) New Cell Phone (Area Code and Telephone Number)

_____ _____
Member or Benefit Recipient's Signature **Date**

The TRS does not allow the US Post Office to forward mail generated by this office. Therefore, it is imperative that the TRS be notified, in writing, of all changes to your mailing address, even if you receive your checks by direct deposit. Having your current mailing address on file ensures prompt delivery of notices and other correspondence about your benefits, along with the year-end tax statements.

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1992,
ALTERNATIVE ACCESSIBLE FORMATS OF THIS DOCUMENT WILL BE PROVIDED UPON REQUEST