

EDUCATIONAL RETIREMENT BOARD

PO BOX 26129
SANTA FE, NM 87502-0129
505-827-8030

CHANGE OF ADDRESS FORM

SOCIAL SECURITY NUMBER: _____

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

I hereby authorize the ERB to change my address as indicated above.

SIGNATURE: _____

DATE: _____

ERB USE ONLY

Effective Date: _____

By: _____