



NEW MEXICO
EDUCATIONAL
RETIREMENT
BOARD

CHANGE OF ADDRESS FORM

ACTIVE EMPLOYEE ___ INACTIVE MEMBER ___ RETIRED MEMBER ___ BENEFICIARY ___

SOCIAL SECURITY NUMBER: _____

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

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

SIGNATURE: _____

DATE: _____

ERB USE ONLY:

EFFECTIVE DATE: _____

ENTERED BY: _____

Mail the completed form to the mailing address below:

*New Mexico Educational Retirement Board
Physical address: 701 Camino De Los Marquez
Mailing address: P.O. Box 26129
Santa Fe, New Mexico 87502-0129*

*Toll Free: 1 (866) 691.2345
Phone: (505) 827.8030
Fax: (505) 827.1855
Web Site: www.nmerb.org*