



**COMMONWEALTH OF PENNSYLVANIA
STATE EMPLOYEES' RETIREMENT SYSTEM**

30 N 3RD STREET
SUITE 150
HARRISBURG, PA 17101-1716
TOLLFREE: 1-800-633-5461
www.sers.state.pa.us



PLEASE PRINT CLEARLY

◆ ANNUITANT - CHANGE OF ADDRESS ◆

YOUR SS#

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NAME: FIRST	MIDDLE	LAST		MEMBER'S SS#
FORMER ADDRESS				
STREET ADDRESS			TELEPHONE NUMBER	
CITY	STATE	ZIP CODE	TYPE PAYEE <input checked="" type="checkbox"/> MEMBER (check one) <input type="checkbox"/> SURVIVOR <input type="checkbox"/> ALTERNATE PAYEE	
I hereby authorize and request the Pennsylvania State Employees' Retirement System (SERS) to change my mailing address to the new address listed below. I understand that this change of address will not alter any Direct Deposit arrangements I may have. To start or change the Direct Deposit, a new SERS-123 Direct Deposit of Annuity Payments form must be completed.				
PAYEE'S SIGNATURE ONLY			DATE	

- FOR A TIMELY ADDRESS CHANGE, PLEASE DO NOT FILE YOUR ADDRESS CHANGE MORE THAN ONE (1) MONTH BEFORE YOUR MOVE.

NEW ADDRESS				
STREET ADDRESS			EFFECTIVE DATE:	
CITY	STATE	ZIP CODE	COUNTY	PHONE NUMBER

SIGNATURE OF POWER OF ATTORNEY (WHEN THIS FORM IS NOT SIGNED BY THE ANNUITANT)	* POA OR GUARDIANSHIP PAPERS MUST BE ON FILE AT SERS OR BE RETURNED WITH THIS FORM.
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