



Change of Address

515-160-20
65

OPERS members and retirees may use this form to make an address change to their account. Please type or print the information requested in blue or black ink. After you have completed and signed this form, please return to OPERS at the address at the bottom of this form.

PART 1 – MEMBER INFORMATION

Provide your name and Social Security number below.

Name (First, Middle, Last)

--	--	--	--	--	--	--	--	--	--

Social Security number

PART 2 – MEMBERSHIP STATUS

Provide your membership status. Check one.

- Active - please provide your current employer's name: _____
- Retired - currently receiving a monthly retirement benefit.
- Vested - not currently working with an OPERS employer but eligible to draw a benefit in the future.
- Withdrawing - not currently working and in the process of withdrawing your contributions.

PART 3 – MEMBER CONTACT INFORMATION

Provide your complete address, personal email address and telephone numbers below.

Mailing address (Street or P.O. Box)

City

State

Zip+4

Personal email address

Daytime phone number

Work phone number

Cell phone number

PART 4 – SIGNATURE

I understand I must properly complete and submit this form before any changes to my permanent retirement records can be made.

Signature

Date