



Return completed forms to:  
PO Box 26129 Santa Fe, NM 87502-0129

1(866) 691-2345

## Change of Address Form

If you are retired, NMERB must receive this completed form by the 10th of the month in order to become effective the same month. Forms received after the 10th of the month, will become effective the following month.

Check one of the following boxes:

Active employee

Retired Member

Inactive employee

Beneficiary

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date

<p><b>NMERB Use Only:</b></p> <p><b>Effective Date:</b> _____</p> <p><b>Entered By:</b> _____</p>
---