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State of New Jersey • Department of the Treasury

DIVISION OF PENSIONS & BENEFITS — DEFINED BENEFIT AND DEFINED CONTRIBUTION BUREAU

P.O. Box 295, Trenton, NJ 08625-0295

ABP/DCRP/SACT CHANGE OF ADDRESS FORM

This form is for members or retirees of the Alternate Benefits Program (ABP), Defined Contribution Retirement Program (DCRP), or Supplemental Annuity Collective Trust (SACT) only. If you are an active member of any other pension fund, notify your employer of any change in your address. Retirees of the PERS, TPAF, PFRS, SPRS, or JRS must use the Member Benefits Online System (MBOS) to report an address change.

Please print all required information and return the completed form to the mailing address shown above. This form will be rejected if your retirement/membership number and/or your Social Security number is not completed.

PART 1 — MEMBER OR RETIREE INFORMATION

Name _____
First *Last* *MI*

Membership or Retirement Number _____ Social Security Number _____

Pension System ☐ ABP ☐ DCRP ☐ SACT Phone Number _____

Email Address _____

PART 2 — ADDRESS INFORMATION

Former Mailing Address

_____
Street *City* *State* *Zip Code*

New Mailing Address

_____
Street *City* *State* *Zip Code*

Date New Address in Effect _____/_____/_____

PART 3 — SIGNATURE

_____ _____/_____/_____
Signature of Member or Retiree *Date*