



# Employees' Retirement System of Georgia Inactive Member Change of Address Form

In order to maintain security and confidentiality, all address changes must be submitted in writing.

Retirement Plan Type\* \_\_\_\_\_

Last Name\* \_\_\_\_\_ First Name\* \_\_\_\_\_ Middle Initial \_\_\_\_\_

Image Field

SSN \_\_\_\_\_ OR Membe No. \_\_\_\_\_

Daytime Phone Number\* \_\_\_\_\_

## Old Address

Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

## New Address

Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

**Important Note:** Any person who knowingly presents a false or fraudulent claim is subject to criminal and civil penalties.

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

**\* Mandatory Field**  
Incomplete forms will be returned