STATE OF DELAWARE
OFFICE OF PENSIONS

CHANGE OF ADDRESS FORM

PLEASE COMPLETE AND RETURN FORM TO PENSION.FORMS@DELAWARE.GOV

Please submit a Change of Address Form for any change in your mailing address (whether permanent or temporary). We cannot accept address change requests over the telephone. **Even if you receive your allowance through direct deposit, the Office periodically mails important documents, such as 1099-R Tax Forms and Benefits Open Enrollment.** If you have a temporary residence for a few months each year (e.g. winter house in Florida), please provide the date you will be at each address.

First Name & Middle Initial: _____Last Name: _____

Pension ID or SSN: _____ Email: _____

Date for Change: _____

860 SILVER LAKE BLVD., SUITE 1 - MCARDLE BUILDING - DOVER, DE 19904 / SLC D570A
PHONE: (302) 739-4208 - TOLL FREE: (800) 722-7300 - FAX: (302) 739-6129
EMAIL: PENSIONOFFICE@DELAWARE.GOV - WWW.DELAWAREPENSIONS.COM

Old Address

Address: _____

City: _____State: _____Zip Code: _____

Country: _____ Phone: _____

New Address

Address: _____

City: _____State: _____Zip Code: _____

Country: _____ Phone: _____

PLEASE RECORD MY NEW ADDRESS AS A (CHECK ONE):

☐ **Permanent Change** ☐ **Temporary Change***

***If TEMPORARY, please complete the following:**

I wish to receive mail at this address beginning on (Start Date) _____

and ending on (End Date) _____.

Signature _____ Date _____

Please check if: ☐ Power of Attorney ☐ Guardian

This form may be signed by a Power of Attorney or Guardian as long as a copy of the legal document is on file with the Office of Pensions.