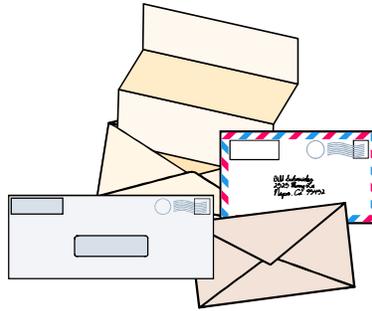


STATE OF DELAWARE
STATE BOARD OF PENSION TRUSTEES
AND
OFFICE OF PENSIONS

McArdle Building
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Dover, DE 19904-2402

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CHANGE OF ADDRESS
(Please print or type legibly)

DATE: _____

PENSIONER'S NAME: _____ S. S. # _____ - _____

PREVIOUS ADDRESS: _____

_____ - _____
ZIP + 4

NEW ADDRESS: _____

_____ - _____
ZIP + 4

EMAIL: _____

PENSIONER'S SIGNATURE: _____ TELEPHONE: (____) _____ - _____

WE REQUIRE A COPY OF POWER OF ATTORNEY OR GUARDIANSHIP PAPERS TO BE ON FILE FOR ANY SIGNATURE OTHER THAN THAT OF THE PENSIONER
FAILURE TO NOTIFY THE PENSION OFFICE OF A CHANGE OF ADDRESS COULD JEOPARDIZE ANY FUTURE PENSION BENEFITS.