



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.

Name: First, M.I., Last (please print):	Date for Change:
Personal Email:	Pension ID or SSN:

OLD ADDRESS

Street or P.O. Box

Phone Number

City/Town

State

Zip Code (5 digit Zip Code only)

Country (If outside of the U.S.)

NEW ADDRESS

Street or P.O. Box

Phone Number

City/Town

State

Zip Code

Country (If outside of the U.S.)

**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 _____ and ending on _____.
Start Date End Date

X _____ X _____
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.