RESET FORM

STATE OF DELAWARE
OFFICE OF PENSIONS

CHANGE OF ADDRESS FORM

PLEASE COMPLETE AND RETURN FORM TO THE OFFICE OF PENSIONS

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: _____

Email Address: _____ 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 (5 digit Zip Code only) _____

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_____ _____
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.

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

COA Form Revised April 2021 - **#205**