CHANGE OF ADDRESS

State Form 54302 (R2 / 7-10)

INDIANA PUBLIC RETIREMENT SYSTEM
PUBLIC EMPLOYEE'S RETIREMENT FUND
PO Box 7121
Indianapolis, IN 46207-7121
Telephone: (888) 526-1687 (Toll-free)
Fax: (866) 591-9441 (Toll-free)
E-mail: questions@inprs.in.gov
Web site: www.inprs.in.gov

* This agency is requesting disclosure of Social Security Numbers in accordance with Internal Revenue Code 3405; disclosure is mandatory and this form cannot be processed without it.

INSTRUCTIONS: This change may also be made by accessing PERF online, which is available on the PERF website, www.perf.in.gov, or by contacting a Customer Service Representative at toll-free (888) 526-1687.

NOTE: To request a name change, please complete State Form 946, Request for Change of Name.

MEMBER IDENTIFICATION		
Name of member		
Social Security Number *	PID number	Telephone number ( )
Signature of member		Date (*month, day, year*)

CHANGE OF ADDRESS
Old address (*number and street, city, state, and ZIP code*)
New address (*number and street, city, state, and ZIP code*)