

Retirement Number
(Shown on Retirement ID Card on Statement)

OR

Social Security Number
(Optional - Use only in absence of Retirement Number)

Date of Birth

Month

Day

Year

Last Name

First Name

M.I.

New Address Information:

Street Address 1

Street Address 2

City

State

Zip Code

Daytime Telephone Number

Email Address

Signature

Date

Month

Day

Year

If you have Power of Attorney designating you to act on behalf of a retiree, please attach a copy of the documentation.

RAS2010

Contact Us Call Center: Toll-free: **1-866-805-0990** Albany, NY area: **518-474-7736**