

# ADDRESS/NAME CHANGE NOTIFICATION

EMPLOYEE #: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Forwarded to payroll: \_\_\_\_\_ By: \_\_\_\_\_  
Date Initial



# Change of Address

## NOTICE

You can update your address online when you sign in to your account at [www.tcdrs.org](http://www.tcdrs.org).

## YOUR INFORMATION

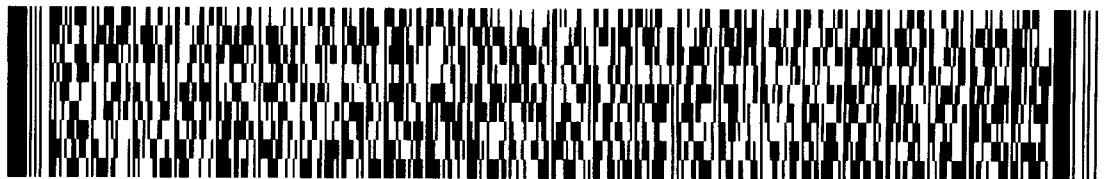
SSN *	FIRST NAME *	MIDDLE NAME	LAST NAME *
HOME PHONE		MOBILE PHONE	

## NEW ADDRESS

MAILING ADDRESS *	CITY *	STATE *	ZIP *
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**YOUR CERTIFICATION** I authorize the Texas County & District Retirement System to update my address to that listed above.

SIGNATURE X	DATE
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\* REQUIRED FIELDS

**Any corrections or whiteouts must be initialed.**