



Montana Teachers' Retirement System

P.O. Box 200139, Helena, MT 59620-0139
406-444-3134 • 866-600-4045 • trs.mt.gov

TRS Office Use Only

FORM 116: CHANGE OF MAILING ADDRESS

In compliance with the Americans with Disabilities Act of 1990, alternative accessible formats of this document will be provided upon request.

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK

The Montana Teachers' Retirement System (TRS) must be advised of any change in your mailing address. Changes must be submitted in writing to the above address and must be signed by the member or benefit recipient. If anyone other than the member or benefit recipient signs this form, legal documentation giving them the authority to do so must be attached to this form.

MEMBER OR BENEFIT RECIPIENT INFORMATION

_____				_____
Full Name: First	Middle	Last	Suffix	Birth Date (mm/dd/yyyy)
_____				X X X - X X - _____
Maiden or Other Name Previously Reported to TRS				Social Security Number

Previous Mailing Address

_____		_____	_____	_____
Mailing Address: Street or P.O. Box		City	State	ZIP Code (use Zip+4 if known)
() _____		() _____		
Previous Home Phone Number		Previous Cell Phone Number		

New Mailing Address

Effective Date of Change (mm/dd/yyyy)				
_____		_____	_____	_____
Mailing Address: Street or P.O. Box		City	State	ZIP Code (use Zip+4 if known)
() _____		() _____		
New Home Phone Number		New Cell Phone Number		

_____	_____
Member/Benefit Recipient's Signature	Date

TRS does not allow the US Post Office to forward mail generated by this office. Therefore, it is imperative that TRS be notified, in writing, of all changes to your mailing address, even if you receive your checks by direct deposit. Having your current mailing address on file ensures prompt delivery of notices and other correspondence about your benefits, along with the year-end tax statements.