



**FORM 116: CHANGE OF MAILING ADDRESS**

In compliance with the Americans with Disabilities Act of 1992, 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 - City, State, ZIP+4 (if unknown, use 5-digit ZIP code)	
( )	( )
_____	_____
Previous Home Phone Number	Previous Cell Phone Number

**New Mailing Address**

_____	
Effective Date of Change (mm/dd/yyyy)	
_____	
Mailing Address - City, State, ZIP+4 (if unknown, use 5-digit ZIP code)	
( )	( )
_____	_____
New Home Phone Number	New Cell Phone Number

_____	_____
<b>Member/Benefit Recipient's Signature</b>	<b>Date</b>

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.