VERMONT STATE RETIREMENT SYSTEMS

RETIREE CHANGE OF ADDRESS FORM

DATE: _____

NAME: **(Please print)** _____

RET #/ or SS# _____

EFFECTIVE DATE: _____

OLD ADDRESS: _____

_____

_____

_____

NEW ADDRESS: _____

_____

_____

_____

SIGNATURE _____

Mail to: **Vermont Retirement Systems**
109 State Street, 4th Floor
Montpelier, VT 05609-6901