



STATE OF CONNECTICUT  
TEACHERS' RETIREMENT BOARD  
21 GRAND STREET HARTFORD, CT 06106-1500  
Toll-Free 1-800-504-1102 (860) 241-8400 Fax (860) 525-6018 www.ct.gov/trb

## ADDRESS/NAME CHANGE FORM

THIS FORM IS FOR RETIRED MEMBERS, INACTIVE MEMBERS AND ACTIVE STATE EMPLOYEE MEMBERS - ONLY.

PUBLIC SCHOOL ACTIVE MEMBERS MUST SUBMIT ALL DEMOGRAPHIC CHANGES/CORRECTIONS DIRECTLY TO THEIR EMPLOYER. THE LOCAL SCHOOL DISTRICT WILL THEN TRANSMIT THE UPDATED INFORMATION ELECTRONICALLY VIA THEIR NEXT MONTHLY TRANSMITTAL TO CTRB.

**INSTRUCTIONS:**

- Please type or print clearly and check all boxes that apply. Verify that all required information has been entered. This completed form must be received by CTRB no later than the 1st of the month in order for the change to become effective at the end of the month.
- If you are completing this form as Power of Attorney or Conservator for a retiree, attach a copy of your appointment.
- If you have your benefit payment issued by Electronic Funds Deposit (EFT), it will continue to be wired to the bank account on file. In order to change your EFT, an Electronic Funds Deposit Form must be completed and forwarded to this office. All members, retired on or after January 1, 2001 are required to have monthly benefit payments sent electronically to the financial institution of their choice.
- While we cannot accept address changes over the telephone or by email, we will accept changes via fax with the member's signature.
- If you are moving out of state permanently, you should fill out the Federal and CT Tax Withholding Change Form and elect to have NO Connecticut income tax withheld from your Teachers' Retirement benefit (#2 under Connecticut Tax Election).
- If you are not a resident of Connecticut and you live in a state that has an income tax, you must make other arrangements to satisfy your state tax liability. **The Connecticut Teachers' Retirement Board does not deduct state taxes for any state other than Connecticut.**

Effective Date of Change
/ /

Address Change    
  Name Change    
  Address and Name Change

Membership Status:    
 Retired Member    
 Inactive Member    
 Active State Employee Member

1. Social Security Number	2. Name (please print) (Last) (First) (MI)
3. New Address (Street)	(City) (State) (Zip)
4. Previous Name (if Name Change)	5. Telephone Number ( )
6. Previous Address (Street)	(City) (State) (Zip)
7. Signature	8. Date
9. Email Address	