

MEMBER CHANGE OF ADDRESS
SC Public Employee Benefit Authority
South Carolina Retirement Systems
P.O. Box 11960, Columbia, SC 29211-1960

SOCIAL SECURITY NUMBER: _____

LAST NAME & SUFFIX: _____ FIRST/MIDDLE NAME: _____

SELECT ONE OF THE FOLLOWING:

- ACTIVE MEMBER (You are currently employed by a covered employer)
- INACTIVE MEMBER (You are NOT currently employed by a covered employer)
- ANNUITANT (You are currently receiving monthly checks from the Retirement Systems)

PREVIOUS ADDRESS

ADDRESS: _____ PHONE NUMBER: _____

CITY: _____ STATE: _____ ZIP CODE: _____

NEW ADDRESS

ADDRESS: _____ PHONE NUMBER: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Member Signature

Date

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.