



**Public Employees' Retirement System of Nevada**  
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## CHANGE OF ADDRESS FOR BENEFIT RECIPIENTS

**Your Retirement Benefit**       **Beneficiary/Survivor Benefit**       **Alternate Payee Benefit**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

New Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Please check one of the following:

Please mail my check to the new address listed above.

I am only changing my address. Please continue with my current direct deposit instructions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_