



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:

- I am only changing my address.
Please continue with my current direct deposit instructions.
- Please mail my check to the new address listed above.
NOTE: If you have direct deposit, checking this box will end your direct deposit.

Signature

Date

FOR PERS USE ONLY

Date Received