



1. Name & phone number

Last name	First name	MI	Account ID or SSN
Daytime phone number		Alternate phone number	

2. New address

Mailing address		
City	State	Zip code

3. Proof of address change

You must provide a photocopy of **one** of the following documents as proof of your new address. Indicate the document you included with your completed form.

- Valid driver's license or government issued ID showing current address.
- Redacted utility bill showing your name and current address.
- Redacted bank statement showing your name and current address.

4. Required signature (please sign below)

I hereby certify that the information I provided on this form is true and correct to the best of my knowledge and belief. I have been provided the required documentation as proof of the requested address change. I understand that if the required documentation is not provided, the address change may not be completed by MSRS.

Participant Signature _____ Date (Required) _____
Month / Day / Year



Minnesota State Retirement System
 60 Empire Drive, Suite 300
 St. Paul, MN 55103-3000



Telephone: 651.284.7730
Toll-free: 1.800.657.5757, option 3



Fax: 651.297.5238

Privacy Notice: Private data requested on this form will be used by MSRS to process your request. You are not legally required to provide the data requested. However, we may not be able to process your request without sufficient information. Your private data will not be shared with an unauthorized person without written consent except as authorized by federal or state law or a court order.

Teletypewriter users and telecommunications-device-for-the-deaf (TDD) users call the Minnesota Relay Service at 1.800.627.3529, and ask to be connected to MSRS at 651.284.7730.