

BERNARDS TOWNSHIP BOARD OF EDUCATION

Name and Address Change Form

This is a name change

This is a change of address and/or phone number

School: _____

SS Number: XXX-XX _____ (last 4 digits)

Employee Name: _____ CHANGE Name To (IF APPLICABLE): _____

Street Address (if changing): _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

These changes are effective as of: _____ Initial: _____

For purposes of marriage or legal separation, please be sure to include a copy of your certificate or legal agreement if you are making changes to your medical benefits. This should be submitted with your applicable enrollment or waiver forms.

The Affidavit for Pension and Benefits should be mailed to the State of New Jersey directly.

FOR CENTRAL OFFICE USE ONLY:

Payroll____ HR____ Business____ CDK____ Benefits____

GCN____ Honeywell____ AESOP____ IT____

STATE OF NEW JERSEY
Department of the Treasury — Division of Pensions and Benefits
PO Box 295, Trenton, New Jersey 08625-0295

AFFIDAVIT — CHANGE OF NAME

Retirement System: Public Employees' Retirement System Teachers' Pension and Annuity Fund
 State Police Retirement System Police and Firemen's Retirement System
 Other

A photocopy of a valid NJ drivers license, Social Security Card or current Passport reflecting the members name change is required to process this application

1. Previous Name _____

2. Membership Number _____ 3. Social Security Number _____

4. Change the records of the Division of Pensions and Benefits
to reflect my name as _____

5. Reason for Name Change _____

6. Member signature as previously written _____

7. Member signature as it will be in the future _____

8. Present address is _____
(Street)

_____ *(City, State, Zip Code)*

_____ *(Area Code) (Phone Number)*

_____ *(Member Signature)*

State of _____

County of _____

Sworn and subscribed
before member this _____ day of _____, _____

Signature of Notary or
Commissioner of Deeds _____

Member's Commission expires _____ / _____ / _____

Official Title _____

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY

DIVISION OF PENSIONS AND BENEFITS

PO Box 295, Trenton, NJ 08625-0295

CHANGE OF ADDRESS FORM

Please print all required information and return the completed form to the mailing address shown above. This form will be rejected if your retirement/membership number and/or your Social Security number is not completed.

Date: _____

Name: _____

Pension System: PERS TPAF DCRP PFRS SPRS ABP JRS

Membership or Retirement Number: _____

Social Security Number: _____ — _____ — _____

Daytime Phone Number: (_____) _____
AREA CODE

Type of Change: Active Employee Address Change for Health Benefits
Note: The Division does not maintain addresses for active employee pension accounts. Notify your employer of any change in your address.

Retiree Address Change for Pension and Health Benefits

Former Mailing Address: _____
ADDRESS

_____ ADDRESS 2

_____ CITY STATE ZIP

Date New Address in Effect: _____
MONTH DAY YEAR

New Mailing Address: _____
ADDRESS

_____ ADDRESS 2

_____ CITY STATE ZIP

Signature of Member or Retiree