



CHANGE OF ADDRESS FOR BENEFIT RECIPIENTS

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Toll Free: (866) 473-7768 website: www.nvpers.org

Name: _____ SSN: _____

New Address: _____

Daytime Phone: _____

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: _____

For PERS Use – Date Stamp Received
