

ARKANSAS TEACHER RETIREMENT SYSTEM
1400 West 3rd Street
Little Rock, AR 72201
(501) 682-1517
1-800-666-2877 (Outside Pulaski County)

REQUEST FOR CHANGE OF MAILING ADDRESS

I hereby authorize the Arkansas Teacher Retirement System to change my address to:

(Name of Member)

(Street number and name or Post Office Box number)

(City or Town) (State) (Zip Code)

Respectfully authorized and requested:

Signature of member: _____

Social Security Number: _____

Date: _____