

**ARKANSAS PUBLIC EMPLOYEES RETIREMENT SYSTEM**  
**One Union National Plaza, Suite 400**  
**124 West Capitol**  
**Little Rock, AR 72201**

**AUTHORIZATION FOR CHANGE OF ADDRESS – RETIREE**

**NAME** \_\_\_\_\_ **SOCIAL SECURITY #** \_\_\_\_\_

**OLD ADDRESS** \_\_\_\_\_

**NEW ADDRESS** \_\_\_\_\_

**MEMBER'S SIGNATURE** \*\*\* \_\_\_\_\_ **DATE** \_\_\_\_\_

\*\*\* A member's signature is required to make any change of address. The only exceptions are as follows:

1. If another person has "Power of Attorney", guardianship, etc., that person's signature will be accepted with a copy of the authorizing document.
2. If the member is unable to sign because of a recent illness or injury, a child or spouse may sign for the member. A letter from the person who is signing the change of address request must be attached explaining the reason that the member is unable to sign.

**MAIL THE COMPLETED FORM TO:**

**ARKANSAS PUBLIC EMPLOYEES RETIREMENT SYSTEM**  
**ATTN: BENEFIT ACCOUNTING**  
**One Union National Plaza, Suite 400**  
**124 West Capitol**  
**Little Rock, AR 72201**

For direct deposit of your benefit checks, please call our toll free number at (800) 682-7377 to request the proper forms. You may also contact your financial institution for direct deposit forms.