



# District of Columbia Retirement Board (DCRB) Benefits Department

900 7th Street, NW, 2nd Floor • Washington, DC 20001  
Telephone: (202) 343-3272 • Toll Free: (866) 456-3272 • Fax: (202) 566-5001  
www.dcrb.dc.gov

## Change of Address

### Section I: Member/Annuitant Information

Name: \_\_\_\_\_  
First Middle Last

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Retired:  Police Officer  Firefighter  Teacher

### Section II: Address Information

Old Mailing Address: \_\_\_\_\_  
Street City State Zip Code

New Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Effective Date of New Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please note that moving to a different state or county of residence may impact your tax withholding situation. Therefore, you may wish to consult with a tax advisor to discuss whether adjustments are necessary or beneficial.

### Section III: Authorization

*I hereby request the District of Columbia Retirement Board (DCRB) to change my address of record as I have stated above. I understand that this form must be signed and received by DCRB before processing can begin.*

\_\_\_\_\_  
Member/Annuitant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member/Annuitant Printed Name

**Please return this form to DCRB at the address listed above.  
If you return this form via fax, please submit the original signed form to DCRB.**

