

**District of Columbia Retirement Board (DCRB)**

**Benefits Department**

900 7<sup>th</sup> Street, NW, 2<sup>nd</sup> Floor

Washington, DC 20001

Telephone: (202) 343-3272 / Toll Free: (866) 456-3272

Facsimile: (202) 566-5001

**Change of Address/Name Form**

**Member Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Plan:**  Teacher  Police/ Fire

**Change of Address**

**Old Home Address:**

**Street Address:** \_\_\_\_\_ **Apt#:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**New Home Address:**

**Effective Date:** \_\_\_/\_\_\_/\_\_\_

**Street Address:** \_\_\_\_\_ **Apt #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Telephone Number:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Change of Name**

A copy of the legal document establishing the name change must be included with this form for processing (i.e. divorce decree, marriage license, passport).

**Name Currently On File:** \_\_\_\_\_

**Please Change My Name To:** \_\_\_\_\_

(Please Print)

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*By signing this document, I submit that the information provided above is accurate.*

Please complete and mail this form to the above address. Note: This form must be signed before processing can begin.