



**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: _____ / _____ / _____

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.**

