



MTA Defined Benefit Pension Plan

Change of Address Form

DB-PEN-001

Section 1 - Information and Instructions

The purpose of this form is for Retirees to notify the MTA Business Service Center (BSC) of a change of address.

Please return original signed and notarized form to:

MTA Consolidated Pensions
2 Broadway, 10th Floor
New York, NY 10004

If you have any questions, please contact the BSC at 646-376-0123 or bscservice@mtabsc.org.

Section 2 - Retiree Information

Last Name	First Name	M.I.	
Address	City	State	Zip Code
Telephone Number	Social Security No		DOB

Section 3 - Old Address Information

Street Address	City	State	Zip Code
----------------	------	-------	----------

Section 4 - New Address Information

Street Address	City	State	Zip Code
----------------	------	-------	----------

Section 5 - Authorization

I do hereby certify that to the best of my knowledge the above information is true and correct.

Employee Signature	Date:
--------------------	-------

Section 6 - This Acknowledgement Must Be Completed by a Notary Public

State of _____ County of _____ on
this _____ Day of _____, _____ personally

appeared to me personally known, or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/ their capacity(ies) and that his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individuals(s) acted, executed the instrument.

Signature

Date:

Notary Public (Please sign and affix stamp)