

Montana Teachers' Retirement System

1500 East Sixth Avenue P.O. Box 200139 Helena, MT 59620-0139 406-444-3134 866-600-4045 trs.mt.gov

FORM 116: CHANGE OF MAILING ADDRESS

In compliance with the Americans with Disabilities Act of 1992, alternative accessible formats of this document will be provided upon request.

The Montana Teachers' Retirement System (TRS) must be advised of any change in your mailing address. Changes must be submitted in writing to the above address and must be signed by the member or benefit recipient. If anyone other than the member or benefit recipient signs this form, legal documentation giving them the authority to do so must be attached to this form.

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK

MEMBER OR BENEFIT RECIPIENT INFORMATION

Full Name: First	Middle	Last		Suffix	Birth Date (mm/dd/yyyy)	
					X X X - X X -	
Maiden or Other Name Previously Reported to TRS					Social Security Number	
Previous Mailing A	ddress					
Mailing Address - City,	, State, ZIP+4 (if unknown,	use 5-digit ZIP code)				
()			()		
Previous Home Phone		Previous Cell Phone Number				
	ae (mm/dd/yyyy)					
	ge (mm/dd/yyyy)					
Effective Date of Chang						
	, State, ZIP+4 (if unknown,	use 5-digit ZIP code)				
		use 5-digit ZIP code)	()		
	, State, ZIP+4 (if unknown,	use 5-digit ZIP code)	(New () Cell Phone N	lumber	
Mailing Address - City, ()	, State, ZIP+4 (if unknown,	use 5-digit ZIP code)	(New) Cell Phone N	lumber	

The TRS does not allow the US Post Office to forward mail generated by this office. Therefore, it is imperative that the TRS be notified, in writing, of all changes to your mailing address, even if you receive your checks by direct deposit. Having your current mailing address on file ensures prompt delivery of notices and other correspondence about your benefits, along with the year-end tax statements.