



STATE OF CONNECTICUT  
TEACHERS' RETIREMENT BOARD  
765 ASYLUM AVENUE HARTFORD, CT 06105-2822  
"An Affirmative Action/Equal Opportunity Employer"  
Toll-Free 1-800-504-1102 (860) 241-8400 Fax (860) 241-9295 www.ct.gov/trb

## ADDRESS/NAME CHANGE FORM

THIS FORM IS FOR RETIRED, INACTIVE, ACTIVE STATE EMPLOYEE MEMBERS AND SPOUSES OF DECEASED MEMBERS - ONLY.

PUBLIC SCHOOL ACTIVE MEMBERS MUST SUBMIT ALL DEMOGRAPHIC CHANGES/CORRECTIONS DIRECTLY TO THEIR EMPLOYER. THE LOCAL SCHOOL DISTRICT WILL THEN TRANSMIT THE UPDATED INFORMATION ELECTRONICALLY VIA THEIR NEXT MONTHLY TRANSMITTAL TO CTRB.

**INSTRUCTIONS:**

- Please type or print clearly and check all boxes that apply. Verify that all required information has been entered. This completed form must be received by CTRB no later than the 1st of the month in order for the change to become effective at the end of the month.
- If you are completing this form as Power of Attorney or Conservator for a member, attach a copy of your appointment.
- If you have your benefit payment issued by Electronic Funds Transfer (EFT), it will continue to be deposited into the bank account on file. In order to change your EFT, an [Electronic Funds Transfer \(EFT\) Form](#) must be completed and forwarded to this office. All members, retired on or after January 1, 2001 are required to have monthly benefit payments sent electronically to the financial institution of their choice.
- While we cannot accept address changes over the telephone or by email, we will accept changes via fax with the member's signature.
- If you are moving out of Connecticut permanently, you should consider electing to have NO Connecticut income tax withheld from your Teachers' Retirement benefit. You may accomplish this by electing #2 under Connecticut Tax Election on the [Federal and CT Tax Withholding Change Form](#).
- If you are not a resident of Connecticut and you live in a state that has an income tax, you must make other arrangements to satisfy your state tax liability. **The CTRB does not deduct state taxes for any state other than Connecticut.**

Effective Date of Change

Address Change    
  Name Change    
  Address and Name Change

Member Status:   
 Retired   
 Inactive   
 Active State Employee   
 Spouse of Deceased Member

1. Social Security # (last 4 digits only) <b>XXX-XX-</b>	2. Name (please print) (Last) (First) (MI)
3. New Address (Street) (City) (State) (Zip)	
4. Previous Name (if Name Change)	5. Telephone Number
6. Previous Address (Street) (City) (State) (Zip)	
7. Signature	8. Date
9. Email Address	

Check here if the new address is a facility (such as a Nursing Home or Rehabilitation Center) which requires the resident to obtain prescription medicine through the facility's pharmacy so that the resident cannot do so via mail order. If so, submit a [Certification of Residence](#) form, which is available on our website, to CTRB.

CTRb does not acknowledge the receipt of individual forms.