

Montana Teachers' Retirement System

P.O. Box 200139, Helena, MT 59620-0139 406-444-3134 • 866-600-4045 • trs.mt.gov TRS Office Use Only

FORM 116: CHANGE OF MAILING ADDRESS

In compliance with the Americans with Disabilities Act of 1990, alternative accessible formats of this document will be provided upon request.

PLEASE TYPE OR PRINT LEGIBLY IN DARK INK

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.

MEMBER OR BENEFIT RECIPIENT INFORMATION

ull Namo: First				
Full Name: First	Middle	Last	Suffix	Birth Date (mm/dd/yyyy)
				<u>X X X - X X </u>
Maiden or Other Name Previously Reported to TRS				Social Security Number
revious Mailing Ad	dress			
failing Address: Street o	or P.O. Box	City	State	ZIP Code (use Zip+4 if known)
)			()	
) evious Home Phone Number			Previous Cell Phone Number	
New Mailing Addres	SS			
ffective Date of Change	e (mm/dd/yyyy)			
		City	State	ZIP Code (use Zip+4 if known)
Mailing Address: Street o	or P.O. Box		()	
ffective Date of Change Mailing Address: Street o	or P.O. Box		State (<u>)</u> New Cell Phone Numb	ZIP Code (use Zip+4 if known) Der

TRS does not allow the US Post Office to forward mail generated by this office. Therefore, it is imperative that 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.