



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

Previous Address: _____
Street City State Zip Code

New Address: _____
Street City State Zip Code

Home Phone Number: _____ E-Mail Address: _____

Effective Date of New Address: ____/____/____ Is this a permanent address? Yes No

Please note that moving to a different state or county of residence may impact your tax withholding situation.

If you want DCRB to mail correspondence to a different address than what is stated above, please provide the address here:

Street City State Zip Code

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 also submit by mail or in person the original signed form to DCRB.**

