

CHANGE OF ADDRESS FORM

You can change your address by speaking with a Customer Service Associate or go online. Please contact a Customer Service Associate at 844-electP2 (844-353-2872) (TTY/TTD users call 800-468-5449) or go online at Pension2.com. You may access the online tool under Personal Information to change your address.

1. PERSONAL INFORMATION (please print or type)

SOCIAL SECURITY NUMBER: _ _ - _ - _ _ _ _ _ **SCHOOL DISTRICT PLAN NUMBER:** _ _ _ _ _

LAST NAME: _____ **FIRST NAME** _____ **MIDDLE INITIAL** _____

OFFICE TELEPHONE: _____

2. OLD ADDRESS INFORMATION

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

HOME TELEPHONE: _____

3. NEW ADDRESS INFORMATION

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

HOME TELEPHONE: _____

4. PARTICIPANT AUTHORIZATION

Your signature is required to process this form.

PARTICIPANT 'S SIGNATURE

DATE

Please submit your completed form by fax or mail:

FAX DELIVERY:

CalSTRS Pension2 Plan Administration
888-814-5862

REGULAR DELIVERY:

CalSTRS Pension2 Plan Administration
Plan Administration
P.O. Box 389
Hartford, CT 06141

OVERNIGHT DELIVERY:

CalSTRS Pension2 Plan Administration
Plan Administration
One Orange Way
Windsor, CT 06095

If you have any questions, please contact a Customer Service Associate at 844-electP2 (844-353-2872) (TTY/TTD users call 800-468-5449) or go online at Pension2.com.