



Employees' and Elected Officials' Retirement Systems
7 East Redwood Street, 13th Floor
Baltimore, MD 21202-3470
Phone: (443) 984-3200 / Fax: (443) 853-3767
Email: contacters@bcers.org



CHANGE OF ADDRESS REQUEST FORM (FOR RETIREES & BENEFICIARIES)

Please read the instructions on the back and print legibly in black ink.

First Name:	MI:	Last Name:
Social Security Number:		Email Address:
Provide telephone numbers where you can be reached:		
Work:	Home:	Cell:
Old Mailing Address:		
New Mailing Address:		
Effective Date of Action:		
Changes take at least 30 days to process		
Copy of Photo Identification (Driver's License/State Issued ID/Passport) Attached:		
FOR ERS USE ONLY	Pension #:	Identification Attached:
Received:	Processed:	Verified:

Benefit Recipient Certification:

I certify that I am the benefit recipient or that I have the authority to sign for the benefit recipient identified above by signing this form, I authorize my old mailing address to be changed to the new mailing address designated on this request form. I acknowledge responsibility for keeping the mailing address current with the Employees' Retirement Systems.

Signature: _____

Date: _____

Description of Instructions

1. Complete Benefit Recipient's Contact Information: Print first name, middle initial, last name, social security number, email address, phone numbers.
2. Complete Old Address Information: Print old address street, city, state, and apartment number.
3. Complete New Address Information: Print new address street, city, state, and apartment number. Attach a copy of your driver's license, state identification card, or passport along with the Change of Address Request Form.
4. Complete Effective Date of Action: Changes take at least 30 days to process.

How to Submit: The completed form can be faxed: (443) 853-3767, emailed: contacters@bcers.org, or mailed to the Employees' and Elected Officials' Retirement Systems, 7 E. Redwood Street, 13th Floor, Baltimore, MD 21202.

Benefit Recipient's Certification: To request a change of address, you, or an authorized person, such as an alternate payee, the attorney-in-fact, or the custodian for the minor child, must include photo identification and the Change of Address Request form with all sections completed.

Special Mailing: Benefit recipients residing outside of the United States must include the IRS Form W-9 along with the completed Change of Address Request Form.

Minor Recipient: A minor child below age 18 or a student below age 21, for whom a custodian has been designated under the Maryland Uniform Transfer to Minors Act, **cannot sign this form.** See Guardian/Custodian section below.

Power of Attorney: If you have power of attorney over the retirement affairs of the ERS benefit recipient, the attorney-in-fact may complete and sign this form. However, ERS must have an approved copy of the power of attorney on file to process the direct deposit request.

Guardian/Custodian: If you are guardian or custodian of a minor child who is an ERS benefit recipient, you may complete and sign this form. However, ERS must have a copy of the court order appointing the guardian or custodian on file to process the direct deposit request.

Your address arrangements will continue until ERS is notified by you or by a person authorized by you (see above) of a change to the benefit recipient's address. To make a change, you, or an authorized person, must complete a new Change of Address Request Form.

If you need assistance, please contact ERS at 443 984- 3200 or toll free at 1 (877) 273-7136.