HINGHAM CONTRIBUTORY RETIREMENT SYSTEM

CHANGE OF ADDRESS FORM

I AM:

☐ **ACTIVELY EMPLOYED** ☐ **RETIRED** ☐ **TERMINATED**

NAME (Last, First, Middle) _____

SOCIAL SECURITY NUMBER XXX-XX-_____

OLD ADDRESS

Address _____

Address _____

City_____State _____ ZIP_____

NEW ADDRESS

I wish to receive mail at this address beginning on _____/_____/_____ and continuing until further notice.

Address _____

Address _____

City_____State _____ ZIP_____

Phone _____ Cell Phone _____

Email address: _____

Member Signature: _____ Date: _____