



**Public Employees' Retirement System of Nevada**  
693 W. Nye Lane, Carson City, NV 89703 (775) 687-4200 Fax (775) 687-5131  
5740 S. Eastern Ave., Suite 120, Las Vegas, NV 89119 (702) 486-3900 Fax (702) 678-6934  
Toll Free 1-866-473-7768 Website www.nvpers.org

## **Change of Address for Benefit Recipients**

**Your Retirement Benefit**     **Beneficiary/Survivor Benefit**     **Alternate Payee Benefit**

Name: \_\_\_\_\_ Last Four Digits of SSN: \_\_\_\_\_

New Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Please check **ONE** of the following:

I am only changing my address.  
Please continue with my current direct deposit instructions.

Please mail my check to the new address listed above.  
NOTE: If you have direct deposit, checking this box will end your direct deposit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR PERS USE ONLY**

Date Received

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