

PARS Plan Support Department

CHANGE OF ADDRESS FORM

Completed forms should be sent to:

Public Agency Retirement Services
PO Box 12919, Newport Beach, CA 92658
Fax: (877) 734-6220
plansupport@pars.org

I. General Information

Participant Name: _____

SSN#: _____

Agency: _____

II. New Address Information

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: () _____

Email: _____

III. Authorization

This change is to remain in effect until I notify PARS of any future changes. In addition, I have notified my employer of this change.

Participant's Signature

Date