

**CHICOPEE CONTRIBUTORY RETIREMENT SYSTEM**

274 Front Street, Chicopee, MA 01013  
Tel: (413) 594-1542 Fax: (413) 594-1544

**MEMBER/RETIREE  
CHANGE OF ADDRESS FORM**

**PLEASE NOTIFY THE CHICOPEE CONTRIBUTORY RETIREMENT BOARD OF ANY CHANGE OF ADDRESS AS SOON AS POSSIBLE (WHETHER IT IS PERMANENT OR TEMPORARY).** Even if you receive your monthly pension check by direct deposit, the Board periodically mails important documents to you, such as 1099-R Tax Forms and Benefit Verification Forms. If you have a temporary residence for a few months each year (example: winter home in Florida), please provide us with the dates you will be at each address.

**NAME:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Old Address:**

Number and Street Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**New Address:**

Number and Street Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please record my new address as: (check one)

- Permanent Change                       Temporary Change

I wish to receive mail at this new address beginning \_\_\_\_\_ and continue until further notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check if:     Power of Attorney             Guardian             Conservator

This form may be signed by a Power of Attorney, Guardian or Conservator as long as a copy of the legal document is on file with the Chicopee Contributory Retirement System.

If you have any questions, please contact our office at (413) 594-1542.