



Change of Address Notification Form

Member's Last Name		Member's First Name		Member's Social Security No. (last 4 digits)	
Member's Previous Mailing Address			Apt. No.		
City	State	Zip	Active	Retired	
E-mail Address (personal)		Home Phone No.(w/ area code)		Cell Phone No.	

New Address

Member's NEW Mailing Address			Effective Date:
Apt. No.	City	State	Zip

I certify that the information given is correct	
Member's Signature _____	Date _____

Please complete and sign the form. Return all documents to the Fund Office. To send form back, do one of the following: Save PDF of this form to your computer, attach it to an email, and send to President@njdcea.org or mail to NJD-CEA Fund Office: 170 Hamilton Ave. Suite 206 White Plains, NY 10601