



Public School & Education Employee

PSRS/PEERS

Retirement Systems of Missouri

Notice of Address Change

Member Name (please print) _____

Member Signature _____

Social Security Number _____

Previous Address _____

New Address _____

Telephone () _____ Email _____

Please keep a copy for your records.

**Mail to: PSRS/PEERS
P.O. Box 268
Jefferson City, MO 65102**

Fax to: (573) 634-7934