



RETIREMENT BOARD  
CHAIRMAN

Attorney Kevin J. Finnerty  
COUNTY TREASURER

Commonwealth of Massachusetts  
BRISTOL COUNTY RETIREMENT SYSTEM

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RETIREMENT BOARD MEMBERS  
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EDMUND J. LIMA  
CHRISTOPHER T. SAUNDERS

DIRECTOR OF OPERATIONS  
JOHN L. WALSH

EXECUTIVE DIRECTOR  
CYNTHIA J. BERNON

RETIREE CHANGE OF ADDRESS FORM

Please advise the Bristol County Retirement Board as soon as possible of any change in your mailing address (whether the change is permanent or temporary). We cannot accept address changes over the telephone. You should mail or fax this information as soon as possible. **EVEN IF YOU RECEIVE YOUR RETIREMENT ALLOWANCE THROUGH DIRECT DEPOSIT, OTHER DOCUMENTS ARE SENT WHICH CANNOT BE FORWARDED (1099R TAX FORMS, AFFIDAVITS, STATEMENTS, etc.)**

If you have a temporary residence for a few months each year (i.e. winter in Florida), please provide us with the dates you will be at each address.

Name: \_\_\_\_\_ S.S.# \_\_\_\_\_  
(Please Print)

I receive my monthly retirement allowance by (check one):

MAIL  DIRECT DEPOSIT

**OLD ADDRESS:** \_\_\_\_\_ PHONE: \_\_\_\_\_  
No. and Street – and/or PO Box

\_\_\_\_\_ City State Zip

**NEW ADDRESS:** \_\_\_\_\_ PHONE: \_\_\_\_\_  
No. and Street – and/or PO Box

\_\_\_\_\_ City State Zip

Please record my address as a (check one):

\_\_\_\_\_ Permanent Change:  
I wish to receive mail at this address beginning on \_\_\_\_/\_\_\_\_/\_\_\_\_ and continuing until further notice.

\_\_\_\_\_ Temporary Change:  
I wish to receive mail at this address from \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_. After this time, send mail to my permanent address.

Member Recipient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 Bristol County Retirement Board.