STATE RETIREMENT SYSTEMS

• General Assembly Retirement System of Illinois

Internet: *http://www.srs.illinois.gov* Email: *gars@srs.illinois.gov*

2101 South Veterans Parkway, P. O. Box 19255, Springfield, IL 62794-9255

MEMBER CHANGE OF ADDRESS/MEMBER INFORMATION

This form may be used by benefit recipients only to make an address or name change - note name changes require supporting documentation.

Check the box that best describes your current status. Please print or type all information below.

☐ **Pension** ☐ **Survivor** ☐ **Inactive** ☐ **QILDRO Payee**

Social Security # or Member ID #	Date of Birth	Effective Date of Change

Residential Address and Member Information - **REQUIRED**

Last Name	First Name	Middle Initial
Residential Street Address	City, State and Zip	
Email address	Home Phone (including area code)	Cell Phone

Complete the following <u>only</u> if you wish to receive your mail at a different location - otherwise proceed to the signature certification.

c/o POA or Guardian name here if applicable (attach corresponding document unless previously submitted)	
Street (Mailing Address)	City, State and Zip
POA or Guardian Phone Number (if applicable)	POA or Guardian Email Address

Certification: I am aware that pursuant to the Illinois Pension Code, 40 ILCS 5/1-135 any person who knowingly makes any false statement or falsifies or permits to be falsified any record in an attempt to defraud the General Assembly Retirement System (GARS) is guilty of a Class 3 felony. I am aware that, if the GARS Board has reasonable suspicion that a false record has been filed with GARS, it is required to report the matter to the Attorney General's Office for investigation.

Signature	***Date***
X	

Your signature is required on this form to validate the change of member information