



**CITY OF TAUNTON**  
**Contributory Retirement System**  
 104 Dean Street, Suite 203  
 Taunton, Massachusetts 02780  
 (508) 821-1052  
 (508) 821-1063 Fax

**BOARD OF  
 RETIREMENT**

**Chairperson:**  
 Ann Marie Hebert, City Auditor  
  
**Elected Member:** Dennis M. Smith  
**Elected Member:** Peter H. Corr  
**Mayoral Appointee:** Gill E. Enos  
**Board Appointee:** Barry J. Amaral

**STAFF**  
**Executive Director**  
 Paul J. Slivinski  
  
**Assistant Director**  
 Kathy A. Maki

**RETIREE CHANGE OF ADDRESS FORM**

Please advise the Taunton Retirement Board as soon as possible of any changes in your mailing address and whether the change is temporary or permanent. 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 \_\_\_\_\_ SS # \_\_\_\_\_  
 (Please Print)

**OLD** \_\_\_\_\_ Phone \_\_\_\_\_  
 No. and Street and/or PO Box  
  
 \_\_\_\_\_  
 City ST ZIP

**NEW** \_\_\_\_\_ Phone \_\_\_\_\_  
 No. and Street and/or PO Box  
  
 \_\_\_\_\_  
 City ST ZIP

**PERMANENT CHANGE**  
 I wish to receive mail at this address from \_\_\_/\_\_\_/\_\_\_ And continuing until further notice.

**TEMPORARY CHANGE:**  
 I wish to receive mail at this address from \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_  
 After this time, please send my mail to my permanent address.

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

*A Power of Attorney, Guardian or Conservator may sign this form as long as a copy of the legal document is on file with the Taunton Retirement Board.*