



# MTA DEFINED BENEFIT PENSION PLAN

## CHANGE OF ADDRESS FORM

First Name

MI

Last Name

Social Security Number

Date of Birth

BSC ID

### Old Address Information:

Street Address

City

State

Zip Code

### New Address Information:

Street Address 1

Street Address 2

City

State

Zip Code

Daytime Phone Number

E-mail Address

Signature: \_\_\_\_\_

Date:  /  /

### Notarization by a Notary Public

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

I affirm that the foregoing change of address form was signed before me on \_\_\_\_\_  
(Date)

by \_\_\_\_\_ .

\_\_\_\_\_  
Notary Public or Commissioner of Deeds  
(If you have an official seal, please affix it)

**Mail this completed form to:**  
Metropolitan Transportation Authority  
Attn: Consolidated Pensions - MTA DBPP  
2 Broadway, 10th Floor  
New York, NY 10004