

Arkansas State Highway
EMPLOYEES' RETIREMENT SYSTEM



HIGHWAY DEPARTMENT BUILDING • P.O. Box 2261 • Little Rock, Arkansas 72203 • 569-2411

Notice of Change of Address

Name: _____

SS# _____

Old Address: _____

New Address: _____

Phone: () _____

E-mail: _____

FORM MUST BE NOTARIZED BELOW

Subscribed and sworn to this _____ day of _____, _____,

Notary Public _____

(SEAL)

My commission expires _____

Retiree's Signature _____

(to be signed in front of notary)