

**Chairperson**  
*Glenn L. Damato*  
**Trustees**  
*Brian Hamerman*  
*Robert Byrnes*  
*J.T. Lydon*  
*Irene Laracuenta*  
*Donna Orr*  
*James Shields*  
*Michael Papanicolaou*  
*John Stubbs*

**New York State Court Clerks Association**  
**Security Benefits Fund**

170 Duane Street, New York, NY 10013  
 Office: (212) 941-5700 Fax: (212) 941-5705  
 www.nyscourtclerks.org



**Change of Address  
 Notification Form**

Member's Last Name		Member's First Name		Member's Social Security No.	
Member's Mailing Address			Apt. No.	Member's Date of Birth MM / DD / YY	
City		State	Zip	Active <input type="checkbox"/>	Retired <input type="checkbox"/>
E-mail Address		Telephone No.		Cell Phone No.	

**New Address**

Member's <u>New</u> Mailing Address		Apt. No.	City	State	Zip
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I certify that the information given is correct

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

**Please Complete and sign the form. Return all documents to the Fund Office. Upon receipt, we will give our prompt attention.**

**Mail completed forms to:**

**New York State Court Clerks Association**  
 170 Duane Street  
 New York, NY 10013  
 Office (212) 941-5700 – FAX (212) 941-5705