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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	Retired
E-mail Address	Telephone No.		Cell Phone No.		
New Address					
Member's <u>New</u> Mailing Address	Apt. No.	City		State	Zip
I certify that the information given is correct					
Me	Member's Signature:			_Date:	
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Please Complete and sign the form. Return all documents to the Fund Office. Upon receipt, we will give our prompt attention.

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