Chairperson
Imogene V. Jones
Trustees
Jennifer L Murphy
Anthony Distefano
Brian Hamerman
Juanita Jordan
Irene Laracuenta
J.T. Lydon
Donna Orr
Renee Sealey

Mail completed forms to:

## 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 SSN (last 4 digits)	Member's DOB		
E-mail Address	Telephone No.	Cell Phone No.	Active	Retired	
Old Address					
Member's <u>Old</u> Mailing Address	Apt. No.	City	State	Zip	
New Address					
Member's <u>New</u> Mailing Address	Apt. No.	City	State	Zip	
I certify that the information given is corre	ect				
	Member's Signature:	Member's Signature:		Date:	
Please Complete and sign the prompt attention.	form. Return all documents	to the Fund Office. Upon re	eceipt, we w	ill give our	

**New York State Court Clerks Association** 

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