

EMPLOYEES' RETIREMENT SYSTEM  
STATE OF HAWAII  
201 MERCHANT STREET, SUITE 1400  
HONOLULU, HAWAII 96813

**MAILING ADDRESS CHANGE**

Name: \_\_\_\_\_ (PLEASE PRINT) Social Security Number: \_\_\_\_\_

Phone No. \_\_\_\_\_

**NEW ADDRESS:**


<b>CITY</b>										<b>STATE</b>			<b>ZIP</b>							

**If you are currently working and have not already done so, please be sure to inform your employer of your address change also.**

**This form must be mailed to our office. Please allow at least 1-4 weeks for the change to be effected. If there are any questions, please call our office at 586-1735 or toll free from the mainland at 1-888-659-0708.**

**THIS FORM MUST BE SIGNED BY YOU FOR THE CHANGE TO BE EFFECTIVE**

(If you are using a Power of Attorney, you must submit the certified documents with this form. Please indicate if you want the document returned, and include your name and address.)

_____ (Signature)	_____ (Date)
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