



Form # 303
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Website - <http://www.artrs.gov>

Change of Address Form - Retirees/Benefit Recipients

(Please Print)

Member's Name _____

Social Security Number _____

Employer _____

Telephone Number (_____) _____ Alternate Number (_____) _____

E-mail Address (optional) _____

Old Mailing Address _____

City _____ State _____ Zip _____

New Mailing Address _____

City _____ State _____ Zip _____

County _____

Member's Signature _____ Date _____