

RETIREMENT

PO Box 105377 • Atlanta, Georgia 30348 • 678-686-6297 • Fax: 678-651-1037 • Email: financeretire@gmanet.com

***Address Change* Authorization**

I authorize the Georgia Municipal Association to change my address as follows

Payee Name:		SSN:	
Old Mailing Address:	City:	State:	Zip:
New Mailing Address:	City:	State:	Zip:

Daytime or work phone number	Home or cell phone number
------------------------------	---------------------------

Payee Signature	Date
-----------------	------

Notice to retirees: This form must be received by the Finance Department of Georgia Municipal Association, no later than the 15th of the month to take effect on your next benefit payment.

(Fold on this line and insert in enclosed window envelope)
Make sure address appears in the window

Return To:

**Georgia Municipal Association
Attn: Finance Department
PO Box 105377
Atlanta, GA 30348**