

Form # 6a Revised 01/2015 1400 West Third, Little Rock, AR 72201 (501) 682-1517 or (800) 666-2877 Fax: (501) 682-1812 Website: www.artrs.gov

Change of Address Form

(Please Print)		
Member's Name		
Social Security Number		
Employer		
Telephone Number ()/	Alternate Number ()	
Email Address (optional)		
Old Mailing Address		
City	State	Zip
New Mailing Address		
City		
County		
Member's Signature	Date	