

**TEACHERS' RETIREMENT BOARD**

165 Capitol Avenue  
Hartford CT 06106-1673  
1 (800) 504 – 1102  
[trb.benefits@ct.gov](mailto:trb.benefits@ct.gov)

**Duplicate 1099R  
Requested**

Your most recent 1099R will be emailed to you after this change is made in our system.

**ADDRESS/NAME CHANGE FORM**

THIS FORM IS FOR RETIRED, INACTIVE AND ACTIVE STATE EMPLOYEE MEMBERS; SPOUSES OF DECEASED MEMBERS; AND FORMER SPOUSES OF RETIRED MEMBERS.

Please select change you are requesting: <input type="checkbox"/> New Address <input type="checkbox"/> Email Change <input type="checkbox"/> Name Change			
Last Name	First Name	M.I.	Social Security #
If you are not the member, provide the qualifying member's name.			<b>CTRB Status:</b> Former Spouse of member Retired Inactive Spouse of Deceased Member State of CT Member (not active BOE members)
Member Last Name	Member First Name	Mbr M.I.	
Email Address:	Home Phone:	Cell Phone:	
<input type="checkbox"/>	I hereby certify that I am no longer a Connecticut resident. Please cancel my CT withholding.		
Please complete new information below this line			Effective Date of Change
New Last Name	New First Name		New M.I.
Previous Last Name	Previous First Name		Previous M.I.
Address Line 1:			
Address Line 2:			
City		State	Zip
<b>Note: Health Plan Participants – A physical address is required if providing a PO Box</b>			
Physical Address Line 1 (If Different):			
Physical Address Line 2:			
City		State	Zip
Signature:			Date:

**Please submit form to:**  
165 Capitol Avenue  
Hartford, CT 06106  
**You may also Fax to: (860) 525-6018**



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### INSTRUCTIONS:

- Please type or print clearly, check all boxes that apply and verify that all required information has been entered.
- A completed form must be received by CTRB no later than the first of the month for the change to become effective at the end of the month.
- If you are completing this form as Power of Attorney or Conservator for a member, attach a copy of your appointment.
- If you have your benefit payment issued by Electronic Funds Transfer (EFT), deposit will continue into the bank account on file. To change your EFT, an [Electronic Funds Transfer \(EFT\) Form](#) must be completed and forwarded to this office.
- Address changes must be in writing and include the member's signature. They may be submitted via mail, email, or fax. We do not accept them over the telephone.
- Adding your email address authorizes the CTRB to send account correspondence electronically via email
- If you are moving out of Connecticut permanently, consider electing to have NO Connecticut income tax withheld from your Teachers' Retirement benefit. You may accomplish this by checking the box at the bottom of this form.
- If you live in a state that has an income tax, you must make other arrangements to satisfy your state tax liability.

**CTRB does not deduct state taxes for any state other than Connecticut.**

***ACTIVE MEMBERS MUST SUBMIT ALL DEMOGRAPHIC CHANGES/CORRECTIONS DIRECTLY TO THEIR EMPLOYER / BOARD OF ED, WHO WILL THEN TRANSMIT THE UPDATED INFORMATION VIA THEIR NEXT MONTHLY TRANSMITTAL TO CTRB.***