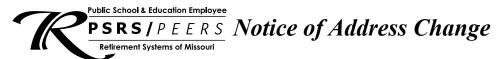
Web site document



Member Name (please print)		 
Member Signature		 
Social Security Number		 
Previous Address		 
New Address		
Telephone ()	Email	

Please keep a copy for your records.

Mail to: PSRS/PEERS P.O. Box 268

Jefferson City, MO 65102

Fax to: (573) 634-7934

Rev. 02/08