MONTGOMERY COUNTY EMPLOYEE RETIREMENT PLANS



Change of Address or Name Form

Your Social Security Number:	
XXXXX	

Please print clearly:				
Name:				
Last	Fii	est	Middle Initial	
FORMER Name, if repo	orting name change:			
	88	▲ Legal documentation		
New Home Address: _				
	Street Name			
County	City		State	Zip
New Home Phone:		Other Phone:		
Email Address:				
CICNATURE OF AND	II IIT A NIT		DATE	
SIGNATURE OF ANN	NUIIANI:		DATE:	

Please return the completed form to:

Montgomery County Employee Retirement Plans 101 Monroe Street, 15th floor Rockville, MD 20850

phone: 240-777-8230 fax: 301-279-1424

IMPORTANT! Please refer to the additional information shown on the back of this form.

Important notes

- If you are <u>moving out of the state of Maryland</u> and have completed a change of address form:
 - o By submitting the completed form we will stop withholding Maryland State tax from your monthly retirement payment. As we do not withhold state taxes for states other than Maryland, we advise you to contact your tax or financial advisor as you may need to make estimated tax payments to your new state of residence.
- If you are <u>moving into the state of Maryland</u> and have completed a change of address form:
 - You will need to complete the Maryland State tax withholding form MW 507P. You may obtain a copy of this form by:
 - Visiting our website at: http://www.montgomerycountymd.gov/mcerp/ers/
 - <u>taxes retired.html</u> or calling 240-777-8230
- You should contact the Office of Human Resources Group Insurance at 240-773-6471 to determine if your move may impact your insurance benefits.