



Form # 6a
Revised 7/2012
1400 West Third, Little Rock, AR 72201
Phone (501) 682-1517 or (800) 666-2877
Fax (501) 682-2359
Website - <http://www.artrs.gov>

Change of Address Form

(Please Print)

Member's Name _____

Social Security Number _____

Employer _____

Telephone Number (_____) _____ Alternate Number (_____) _____

E-mail Address (optional) _____

Old Mailing Address _____

City _____ State _____ Zip _____

New Mailing Address _____

City _____ State _____ Zip _____

County _____

Member's Signature _____ Date _____