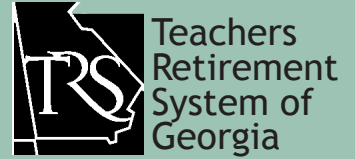


Address Verification Form



▼ **To Be Completed by Retiree or Active Member--** *please print clearly*

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Social Security Number

Last Name

First Name

Middle Initial

Mailing Address

(_____) _____
Telephone Number

City

State

Zip Code

At the request of the Teachers Retirement System of Georgia, I have checked with my local post office and verify that my MAILING address listed above is correct.

Signature

Date

