

Delaware River and Bay Authority

Retiree - Change Request Form

I confirm that I am retired from service with the Delaware River and Bay Authority and understand that it is my responsibility to keep the Authority informed of certain changes in my address and status. At this time, I need to request the following change of information on my personnel records.

Retiree Name:	
	Last Four (4) Digits of Retiree Social Security Number:
<u>Pleas</u>	se check [\checkmark] the areas that require an update and provide the information requested.
[] Change of Address (C	ontact Information)> Effective Date:
Street A	Address 1:
Street A	Address 2:
State /	Zip Code:
Phone	Number:
Email A	ddress:
Check here if	we may contact you via email for efficiency of communications and to save paper/postage.
[] Dute of Marriage	Spouse's Full Name (First, Last): Spouse's Date of Birth:
[] Change of Name > Eff	fective Date:
Previous Name:	New Name:
[] Change of Beneficiary	<u>r:</u> You may call or email the Benefits Office to request a Beneficiary Change form and instructions.
[] Change of Tax Withho	olding or Direct Deposit Instructions in connection with Pension Annuity Payments:
You may call or email the	Benefits Office to request a W-4P form or a PNC Direct Deposit form and instructions.
[] Federal Taxes: I wish	to update my Federal Withholding Taxes. [] State Taxes: I wish to update my State Withholding Taxes.
	[] Direct Deposit Authorization: I wish to update my Direct Deposit Authorization.
Retiree Signature:	Date:
Diagon waterway the con-	muleted form and documentation, as appropriate to the following address for processing. Thank you

Mailing Address:
Delaware River and Bay Authority
Attn: Pension & Benefits Office
P.O. Box 71
New Castle, DE 19720

Benefits Office: Call (302) 571-6470 Fax (302) 571-6420

Email: toni.deyoung@drba.net
Email: lacey.frey@drba.net
Email: payroll.benefitsadmin@drba.net