

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.

information on my perso	inel records.
Retiree Name:	
Retiree Date of Birth:	Last Four (4) Digits of Retiree Social Security Number:
<u>Pleas</u>	e check [\checkmark] the areas that require an update and provide the information requested.
[] Change of Address (Co	ontact Information)> Effective Date:
Street A	ddress 1:
Street A	ddress 2:
City:	
State / Z	Zip Code://
Phone N	Number:
Email A	ddress:
	we may contact you via email for efficiency of communications and to save paper/postage.
	Spouse's Full Name (First, Last): Spouse's Date of Birth:
[] Change of Name > Eff	ective Date:
Previous Name:	New Name:
[] Change of Beneficiary	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 Taxe
	[] Direct Deposit Authorization: I wish to update my Direct Deposit Authorization.
Retiree Signature:	Date:
	and the different and decrementation are annualists to the fall suries address for an excession. Therefore,

Please return the completed 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: betsy.dupon@drba.net Email: lacey.adams@drba.net