

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:	
	th: Last Four (4) Digits of Retiree Social Security Number:
<u> </u>	Please check [\checkmark] the areas that require an update and provide the information requested.
[] Change of Addres	ss (Contact Information)> Effective Date:
	eet Address 1:
	eet Address 2:
	<i>/</i> :
	te / Zip Code: /
	one Number:
Em	ail Address:
	Check here [] if we may contact you via email and save paper and postage.
	[] Date of Divorce: [] Date of Spouse's Death: Spouse's Full Name (First, Last): Spouse's Date of Birth:
	> Effective Date:
	New Name: iary: You may call or email the Benefits Office to request a Beneficiary Change form and instructions.
[] Change of Tax Wit	chholding or Direct Deposit Instructions in connection with Pension Annuity Payments:
You may call or emai	the Benefits Office to request a W-4P form or a PNC Direct Deposit form and instructions.
[] Federal Taxes: w	vish 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:
Please return the	completed form and documentation, as appropriate, to the following address for processing. Thank you,

Please return the completed form and documentation, as appropriate, to the following address for processing. Thank

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

Benefits Office:
Call (302) 571-6337 Fax (302) 571-6420
Email: betsy.dupon@drba.net
Or Email: lacey.adams@drba.net