



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: _____

Retiree Date of Birth: _____ Last Four (4) Digits of Retiree Social Security Number: _____

Please check [☒] the areas that require an update and provide the information requested.

[☐] Change of Address (Contact Information) > Effective Date: _____

Street Address 1: _____

Street Address 2: _____

City: _____

State / Zip Code: _____ / _____

Phone Number: _____

Email Address: _____

Check here if we may contact you via email for efficiency of communications and to save paper/postage.

[☐] Change of Marital Status: Submit copy of marriage certificate, divorce decree, or death certificate, as appropriate.

[☐] Date of Marriage: _____ [☐] Date of Divorce: _____ [☐] Date of Spouse's Death: _____

Spouse's Full Name (First, Last): _____

Spouse's Date of Birth: _____

[☐] Change of Name > Effective 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 Withholding 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: _____

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:
Betsy Dupon (302) 571-6392
Lacey Adams (302) 571-6470
Email: elizabeth.dupon@drba.net
Email: lacey.adams@drba.net