



Mail completed form to:  
30-30 47th Avenue, 10th Fl  
Long Island City, NY 11101



## Change of Address Form

This application is for members who wish to change their address that NYCERS has on file. Should you have any questions regarding this application, please contact our Call Center at 347-643-3000.

Member Number	OR	Pension Number	Last 4 Digits of SSN	Phone Number
146988		N-340766-0	3977	(973) 591089
First Name		M.I.	Last Name	
MOHANLAL		B	CHAUHAN	

### New Address:

IN CARE OF (IF APPLICABLE)

Address			Apt. Number
5, PETUNIA DRIVE			1 C
City	State	Zip Code	
NORTH BRUNSWICK	NJ	08902	

### Previous Address:

IN CARE OF (IF APPLICABLE)

MOHANLAL B. CHAUHAN		
Address		Apt. Number
158, ACADEMY STREET		
City	State	Zip Code
BELLEVILLE	NJ	07109

If you are currently receiving monthly payments from NYCERS, check one of the following boxes only.

☒ Continue sending my check to the bank.

OR

☐ Cancel sending my check to the bank.  
Please send my check to my new address, as listed above.

### Signature of Member

Date

M.B. Chauhan	1/17/2022
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**This form must be acknowledged before a Notary Public or Commissioner of Deeds**

State of NJ County of Essex On this Mon day of January 2022, personally appeared  
before me the above named, Mohanlal B Chauhan, to me known, and known to  
me to be the individual described in and who executed the foregoing instrument, and he or she acknowledged to me that he or she  
executed the same, and that the statements contained therein are true.

If you have an official seal, affix it

Signature of Notary Public or  
Commissioner of Deeds KantiLaL Viraji Parmar

Official Title Notary Public

Expiration Date of Commission February 14, 2024

