

## Please follow the below instructions to complete your request:

 Submit the form and other required documentation to the Member Portal using the following link www.ausprs.org. Digital signatures are accepted.

OR

Mail the forms and other required documentation to the System's mailing address: *APRS P.O. Box 40609 Austin, TX 78704* 

- 2) All submissions must include a copy of your driver's license along with the other listed required documents. APRS will not accept incomplete forms.
  - Copy of Driver's License
  - Address Change Form

Only changes received on or before the 15<sup>th</sup> day of the month will be effective for that month's payment. A confirmation will be emailed to you after the form and other required documentation has been received.

For security purposes, please do **NOT** email sensitive and personal information.

Phone: (512) 416-7672

Fax: (512) 416-7138

www.ausprs.org



## REQUEST FOR ADDRESS CHANGE

All submissions must include a copy of your driver's license. APRS will not accept incomplete forms.

I authorize the Austin Police Retirement System to change my address and other contact information to the following:

			_		
Name					
Address					
City		State		Zip	
Social Security Number	(last four)		E-Mail Address		
Telephone Number			Signature	Date	