



Form # 6a  
1400 West Third  
Little Rock, AR 72201  
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[www.artrs.gov](http://www.artrs.gov)

## Change of Address Form

(Please Print)

Member's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_

Mobile Phone (\_\_\_\_) \_\_\_\_\_ Alternate Number (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

**Old Mailing Address** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**New Mailing Address** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_