



NHRS Annual Statement Delivery Preference Form

GENERAL INFORMATION

Use this form to elect to receive a paper copy of your NHRS Member Annual Statement by US mail, or to change your election to receive your report exclusively online through *My Account*. **Please read the instructions carefully before completing this form.**

If the address on your Member Annual Statement is incorrect, please visit the NHRS website at <https://www.nhrs.org/members/forms> to download a "Change of Personal Information Form."

INSTRUCTIONS

- Complete Sections I and II.
- Completed forms can be returned to the NHRS office by mail, fax, or by emailing a scanned copy of the form to the retirement system office.

Mail: New Hampshire Retirement System, 54 Regional Drive, Concord, NH 03301

Fax: (603) 410-3501

Email: info@nhrs.org

SECTION I – MEMBER INFORMATION

Member Name:

Phone:

Social Security Number (Last Four):

SECTION II – MEMBER AUTHORIZATION
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I elect to receive my NHRS annual statement exclusively online through *My Account*. I understand I will no longer receive my statement by mail and this election will remain in effect until I change it by submitting a new form.

I elect to receive a paper copy of my NHRS annual statement.

Member Signature:

Date: