

(REV.09/2018)

**CITY OF NEW ORLEANS
EMPLOYEES' RETIREMENT SYSTEM
1300 PERDIDO STREET, ROOM 1E12
NEW ORLEANS, LA 70112
(504) 658-1850 FAX (504) 658-1602**

**NOTICE OF CHANGE OF ADDRESS
FOR RETIREE/BENEFICIARY**

Retirement Number: R-_____

Name: _____
PRINT NAME

Social Security Number: _____

OLD ADDRESS _____

NEW ADDRESS _____

(Residential)

TELEPHONE NUMBER: _____

EFFECTIVE DATE OF CHANGE: _____

SIGNATURE OF RETIREE/BENEFICIARY: _____

DATE OF SIGNATURE: _____

WITNESSES: **THIS DOCUMENT MUST BE WITNESSED BY TWO PERSONS.**

SIGNATURE

ADDRESS

CITY STATE ZIP

SIGNATURE

ADDRESS

CITY STATE ZIP