

(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  
INACTIVE/TERMINATED EMPLOYEE**

Name: \_\_\_\_\_  
PRINT NAME

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

OLD ADDRESS \_\_\_\_\_

NEW ADDRESS \_\_\_\_\_

(Residential)

TELEPHONE NUMBER: \_\_\_\_\_

EFFECTIVE DATE OF CHANGE: \_\_\_\_\_

**SIGNATURE OF INACTIVE/TERMINATED MEMBER:** \_\_\_\_\_

DATE OF SIGNATURE: \_\_\_\_\_

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP