

(REV.06/2005)

**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)

NEW 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