

(REV.10/02)

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

**NOTICE OF CHANGE OF ADDRESS
INACTIVE/TERMINATED EMPLOYEE**

Name: _____ Social Security Number: _____
PRINT NAME

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