



RETIREE CHANGE OF ADDRESS (PHONE) FORM

NAME (LAST, FIRST, MIDDLE INITIAL)	Last four of SS #	EMPL ID #	EFFECTIVE DATE OF CHANGE
RETIREE <input type="checkbox"/> SURVIVOR <input type="checkbox"/> QDRO <input type="checkbox"/>			

NEW PHYSICAL ADDRESS:

ADDRESS		APT. #
CITY	STATE	ZIP CODE (nine numbers)
E-MAIL ADDRESS:	PHONE NUMBER with Area Code () <small>AREA CODE</small>	<i>Circle:</i> <input type="checkbox"/> CELL <input type="checkbox"/> HOME

NEW MAILING ADDRESS:

Same as physical address

ADDRESS		APT. #
CITY	STATE	ZIP CODE (nine numbers)

SIGNATURE	DATE
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NOTE: Only forms mailed to Pension Office must have signature notarized.

STATE OF _____ COUNTY OF _____

Before me, a Notary Public, on this day personally appeared _____, known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he or she executed the same for purposes and consideration therein expressed.

Signature of Notary

Commission Expires

Please return completed and signed form to:

El Paso City Employees' Pension Fund
 400 W. San Antonio, Ste. B
 El Paso, TX 79901



FORMA PARA JUBILADOS
CAMBIO DE DIRECCIÓN Y NUMERO DE TELÉFONO

Form with fields: NOMBRE (APELLIDO, NOMBRE), ÚLTIMO CUATRO N°s DE S.S., NÚMERO DE EMPLEADO, FECHA DEL CAMBIO. Includes checkboxes for JUBILADO, SOBREVIVENTE, QDRO.

NUEVA DIRECCIÓN FÍSICA:

Form for physical address with fields: DIRECCIÓN, N° DE APT., CIUDAD, ESTADO, CÓDIGO POSTAL, CORREO ELECTRÓNICO, and phone number fields with area code and type (CEL, CASA) indicators.

NUEVA DIRECCIÓN POSTAL:

Equal to physical address checkbox

Form for postal address with fields: DIRECCIÓN, N° DE APT., CIUDAD, ESTADO, CÓDIGO POSTAL.

Form with fields: FIRMA, FECHA

NOTA: Solamente los formularios que se envían por correo deben estar notariados.

STATE OF COUNTY OF

Before me, a Notary Public, on this day personally appeared, known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he or she executed the same for purposes and consideration therein expressed.

Signature of Notary Commission Expires

Por favor devuelva el formulario completado y firmado a:
El Paso City Employees' Pension Fund
400 W. San Antonio, Ste. B
El Paso, TX 79901