



RETIREE CHANGE OF ADDRESS (PHONE) FORM

NAME (LAST, FIRST, MIDDLE INITIAL)	Last four of SS #	EMPL ID #	EFFECTIVE DATE OF CHANGE
Retired from City of El Paso: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Retired in current year? Yes <input type="checkbox"/> No <input type="checkbox"/>			

NEW PHYSICAL ADDRESS

ADDRESS			APT. #
CITY	STATE	ZIP CODE (nine numbers)	HOME PHONE NUMBER with Area Code () AREA CODE
E-MAIL ADDRESS:		E-MAIL TYPE: <i>Please circle one.</i> Business, Campus, Dormitory, Home, Other	

NEW MAILING ADDRESS

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

EMERGENCY CONTACT DATA

EMERGENCY CONTACT:	RELATIONSHIP	CONTACT PHONE NUMBER () AREA CODE
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RETIREE'S SIGNATURE	DATE
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NOTE: Mailed in forms must have signature notarized.

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