CITY of EL PASO
EMPLOYEES RETIREMENT TRUST

RETIREE CHANGE OF ADDRESS (PHONE) FORM

NAME (LAST, FIRST, MIDDLE INITIAL)	Last four of SS #	EMPL ID #	EFFECTIVE DATE OF CHANGE

RETIREE ☐ SURVIVOR ☐ QDRO ☐

NEW PHYSICAL ADDRESS:

ADDRESS			APT. #
CITY	STATE	ZIP CODE (nine numbers)	
E-MAIL ADDRESS:	PHONE NUMBER with Area Code ( ) AREA CODE		*Circle:* ☐ CELL ☐ HOME

NEW MAILING ADDRESS:

☐ Same as physical address

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

SIGNATURE	DATE

NOTE: Forms mailed to Pension Office must have signature notarized. Forms will **not** be accepted by fax or through email.

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:

City of El Paso Employees Retirement Trust
1039 Chelsea Street
El Paso, TX 79903

CITY of EL PASO
EMPLOYEES RETIREMENT TRUST

FORMA PARA JUBILADOS
CAMBIO DE DIRECCIÓN Y NUMERO DE TELÉFONO

NOMBRE (APELLIDO, NOMBRE)	ÚLTIMO CUATRO Nºs DE S.S.	NÚMERO DE EMPLEADO	FECHA DEL CAMBIO

JUBILADO ☐ SOBREVIVENTE ☐ QDRO ☐

NUEVA DIRECCIÓN FÍSICA:

DIRECCIÓN		Nº DE APT.
CIUDAD	ESTADO	CÓDIGO POSTAL
CORREO ELECTRÓNICO	Número de teléfono con código de área ( ) Código de área	*Circule:* ☐ CEL. ☐ CASA

NUEVA DIRECCIÓN POSTAL:

☐ Igual que la dirección física

DIRECCIÓN		Nº DE APT.
CUIDAD	ESTADO	CÓDIGO POSTAL

FIRMA	FECHA

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NOTA: Los formularios que se envían por correo deben estar notarizados. No se aceptarán formularios por fax ni por correo electrónico.

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:
City of El Paso Employees Retirement Trust
1039 Chelsea Street
El Paso, TX 79903