

## RETIREE CHANGE OF ADDRESS (PHONE) FORM

NAME (LAST, FIRST, MIDDLE INITIAL)		Last fou	Last four of SS # EM		EFFECTI	EFFECTIVE DATE OF CHANGE	
RETIREE SURVI	VOR QDRO	) [		L	I		
NEW PHYSICAL AI	DDRESS:						
ADDRESS						APT.#	
CITY	STATE		umbers)				
E-MAIL ADDRESS:	-MAIL ADDRESS:  PHONE NUMBER with Area C  ( )  AREA CODE				ı Code	ode Circle: ☐ CELL  ② HOME	
NEW MAILING AD  ☐ Same as physical ad							
ADDRESS	idi 033					APT.#	
CITY STATE		STATE		Z	ZIP CODE (nine numbers)		
[							
SIGNATURE		1			DATE		
NOTE: Only forms mailed to STATE OF		_					
Before me, a Notary Public, whose name is subscribed to herein expressed.	on this day personally the within instrument	appeared, and acknowledged	to me that he	or she executed	the same for pu	wn to me to be the person irposes and consideration	
Signature of Notary		Commission Evni	ires				

Please return completed and signed form to:

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



## FORMA PARA JUBILADOS CAMBIO DE DIRECCIÓN Y NUMERO DE TELÉFONO

NOMBRE (APELLIDO, NOMBRE)				NÚMERO DE EMPLEADO	FECHA DEI	FECHA DEL CAMBIO	
JUBILADO SOBREVIVEN	TE QDRO	]			·		
NUEVA DIRECCIÓN FÍSI	CA:						
DIRECCIÓN	№ DE APT.						
CIUDAD	ESTADO			С	ÓDIGO POSTAL		
CORREO ELECTRÓNICO  Número de teléfono con código de área  ( )  Código de área						Circule: ☐ CEL. ☐ CASA	
NUEVA DIRECCIÓN POS							
DIRECCIÓN						Nº DE APT.	
CUIDAD	ESTADO			С	ÓDIGO POSTAL		
FIRMA					FECHA		
NOTA: Solamente los formularios qu	e se envían por corre	o deben estar	notarizados				
STATE OF		COUNTY	Y OF		<del></del>		
Before me, a Notary Public, on this day whose name is subscribed to the with herein expressed.	ay personally appeare in instrument, and acl	ed knowledged to	me that he	or she executed	the same for pur	n to me to be the person poses and consideration	

Por favor devuelva el formulario completado y firmado a:

**Commission Expires** 

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

Signature of Notary