



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 <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 () AREA CODE	<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:

City of El Paso Employees Retirement Trust
400 W. San Antonio, Ste. B
El Paso, TX 79901



CITY of EL PASO
EMPLOYEES RETIREMENT TRUST

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

NOMBRE (APELLIDO, NOMBRE)	ÚLTIMO CUATRO N°s DE S.S.	NÚMERO DE EMPLEADO	FECHA DEL CAMBIO
JUBILADO <input type="checkbox"/> SOBREVIVENTE <input type="checkbox"/> QDRO <input type="checkbox"/>			

NUEVA DIRECCIÓN FÍSICA:

DIRECCIÓN		Nº DE APT.
CIUDAD	ESTADO	CÓDIGO POSTAL
CORREO ELECTRÓNICO	Número de teléfono con código de área () Código de área	
	<i>Circule:</i> <input type="checkbox"/> CEL. <input type="checkbox"/> CASA	

NUEVA DIRECCIÓN POSTAL:

Igual que la dirección física

DIRECCIÓN		Nº DE APT.
CIUDAD	ESTADO	CÓDIGO POSTAL

FIRMA	FECHA
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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:
 City of El Paso Employees Retirement Trust
 400 W. San Antonio, Ste. B
 El Paso, TX 79901