Employes' Retirement System

City of Milwaukee 789 N Water St, Suite 300 Milwaukee WI 53202

## **CHANGE OF ADDRESS FORM**

PLEASE PRINT ALL INFORMATION \*For Retired or Deferred Employees only

Print Name:			ERS ID Number:	
Is this change: Perr (Check one)	nanent 🗌 T	Temporary		
Effective Date(s)				
Old Mailing Address				
	City	State	Zip	
New Mailing Address				
	City	State	Zip	
Please provide residence add	ress below, if <b>DIFF</b>	ERENT from mailin	g address.	
	City	State	Zip	
Signat	<b>ture:</b> (Signature is REQ	UIRED)**		
Social	Security Number:			
Teleph	none Number: (	)		
Email	Address:			
Emplo	oyee Status: R	Retired De	ferred	

\*Active members should notify their payroll or personnel departments regarding address changes.

\*\*If you are signing for the retiree as their Power of Attorney or Guardian, ERS must have a copy of the Power of Attorney or Guardianship paperwork, authorizing you to sign on their behalf. If you have not previously sent a copy for our records, please attach a copy with this form.

 $\checkmark$  If you want confirmation of receipt of this form, please enclose a stamped, self-address envelope for this purpose. You can mail this form to the address above or fax it to 414-286-8428.