

ADDRESS CHANGE

RETIREE _____ DEFERRED _____

(CHECK WHICH RETIREMENT SYSTEM YOU
ARE ENROLLED IN:)

ERS _____ OBRA _____

(CHECK WHICH OF THE FOLLOWING WERE
MILWAUKEE COUNTY EMPLOYEES:)

YOURSELF _____ SPOUSE _____

IF YOU HAVE DIRECT DEPOSIT, ARE YOU
MAKING A CHANGE? _____

NAME _____

SOCIAL SECURITY # _____

OLD ADDRESS _____

CITY, STATE & ZIP CODE _____

NEW ADDRESS _____

CITY, STATE & ZIP CODE _____

TELEPHONE NUMBER _____

EFFECTIVE DATE _____

MAIL TO: EMPLOYEES' RETIREMENT SYSTEM
MILWAUKEE COUNTY COURTHOUSE
901 NORTH 9TH STREET, ROOM 210-C
MILWAUKEE, WISCONSIN 53233
ATTN: KIM