

CITY OF PHOENIX EMPLOYEES' RETIREMENT SYSTEM (COPERS)

COMPLETE AND SEND TO:

COPERS 200 West Washington Street 10th Floor Phoenix, AZ 85003 (602) 534-4400

CHANGE OF ADDRESS FORM

SS# (Last 4)	Retiree Name (Last, First, Middle)			Empl. ID #
XXX-XX				
Home Phone #	Other Phone #			
()		()		
Email Address				
THIS ADDRESS CHANGE IS FOR:		IOME M	AILING	Вотн
HOME ADDRESS				
Effective Date of New Add	dress Street Ad	Street Address, Apt #		
City	State (Or	Country)	Zip	Code
MAILING ADDRESS (If different from Home Address)				
Effective Date of New Address Street Ad		ldress, Apt #		
City State (Or Cou		Country)	Zip	Code
Signature of Retiree		Da	ite	
*** Official			*** Official Use	Only ***
	Data Entry:	PRISM	CHRIS	
	Date: Initials:			
	Previous Addre			
		City, St Zip		