

**EMPLOYEES RETIREMENT SYSTEM
OF THE CITY OF ST. LOUIS**

CHANGE OF ADDRESS

NAME: _____

SOCIAL SECURITY NUMBER: _____

OLD ADDRESS: _____
NUMBER STREET NAME CITY STATE ZIP CODE

NEW ADDRESS: _____
NUMBER STREET NAME CITY STATE ZIP CODE

NEW TELEPHONE NUMBER: _____
AREA CODE

RETIREE SIGNATURE: _____

DATE: _____

DO YOU CURRENTLY HAVE DIRECT DEPOSIT? YES _____ NO _____

PLEASE RETURN FORM TO:

**Employees Retirement System of the City of St. Louis
1114 Market Street, Room 900
St. Louis, MO 63101**