

Notary Public's Signature:

City of Austin Employees' Retirement System ADDRESS CHANGE FORM

Instructions

If you are a retired or terminated COAERS member, use this form to change your physical address, email address or phone number of record. Active members can only change their address of record with the City of Austin.

rst Name	Middle Name	Last Name	Social Se	Social Security Number ***_**-	
Previous Mailing Address		City	State	Zip Code	
Date of Birth	Phone		Email Address		
New Address Inf	ormation				
New Mailing Address		City	State	Zip Code	
New Email Address	(if applicable)				
New Phone (if applic	cable)				
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. Photo ID: FORM Copy of Driver's Lice	WILL NOT BE ACCEPTED	ent of Public Safety Issu	ied ID		
c. Photo ID: FORM Copy of Driver's Lice	WILL NOT BE ACCEPTED ense, Passport or Department	ent of Public Safety Issu	NOTARY PUBLIC		

Personalized Seal: