



City of Newport News
Employees' Retirement Fund
2400 Washington Avenue
Newport News, VA 23607

Retiree
Change of Address
Authorization Form

Retiree Name:	
Social Security #:	
Previous Address:	
Previous Home Telephone #:	

Effective Date for Changes:	
New Address:	
New Home Telephone #:	
Email Address for Direct Deposit Advices:	

(Password for email attachment is last four of the social)

Retiree Signature

Date

OFFICE USE - Date entered into MUNIS: _____ by _____