

CITY OF BATON ROUGE &  
PARISH OF EAST BATON ROUGE  
EMPLOYEES' RETIREMENT SYSTEM  
P.O. BOX 1471  
BATON ROUGE, LA 70821

FROM:

\_\_\_\_\_  
Retiree's Name (please print)

\_\_\_\_\_  
Social Security Number

PLEASE CHANGE THE FOLLOWING INFORMATION ON MY RETIREMENT  
AND/OR DROP ACCOUNT:

HOME mailing address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER

\_\_\_\_\_

Do not give my address to any company or individual making a public  
information request.

\_\_\_\_\_  
Signature of Retiree

\_\_\_\_\_  
Date

cc: Payroll & Benefits Division, Human Resources Department