



METROPOLITAN WATER RECLAMATION DISTRICT RETIREMENT FUND

ANNUITANT CHANGE OF ADDRESS FORM

Complete all sections of the form and return to MWRDRF. Upon submission, this will be the new mailing address to which all correspondence will be sent.

IMPORTANT: Remember to update your address every time you move, including seasonal moves.

FIRST NAME	MIDDLE INITIAL	LAST NAME	SOCIAL SECURITY NO. XXX – XX –
MARITAL STATUS			
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> CIVIL UNION <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			
NEW ADDRESS		APT / UNIT / FLOOR NO.	IS THIS ADDRESS TEMPORARY? IF YES, CHECK HERE: <input type="checkbox"/>
CITY	STATE	ZIP	
HOME PHONE NUMBER (IF CHANGED) ()		CELL PHONE NUMBER (IF CHANGED) ()	
OTHER PHONE NUMBER ()		EMAIL ADDRESS (IF CHANGED)	
I request that MWRDRF change my mailing address.			
SIGNATURE		DATE	

OFFICE USE ONLY			
GL ACCOUNT: 409	411 / 413	412	414 416 ID: _____ OFFICE #: _____
RECEIVED BY: _____	VIA: <input type="checkbox"/> PHONE	<input type="checkbox"/> MAIL	<input type="checkbox"/> EMAIL <input type="checkbox"/> OTHER _____
INSURANCE? <input type="checkbox"/> YES	<input type="checkbox"/> NO	CIRCLE: BCBS PPO	BCBS HMO UHC CODE: _____
CHECKLIST:			
____ Changed in PB			
____ Books _____			
____ Added* to _____ insurance spreadsheet *DO NOT ADD if snowbird address in HMO			
____ Transfer call to Credit Union, if member has Credit Union account			