

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

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

EMAIL 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