



CHANGE OF ADDRESS

VESTED TERMINATED MEMBER

Please let this serve as my written authorization to update my address as follows:

FULL NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME, SUFFIX)

STREET ADDRESS (INCLUDE APARTMENT NUMBER IF APPLICABLE)

CITY

STATE

ZIP

EMAIL ADDRESS (OPTIONAL)

SIGNATURE

XXX - XX -
SOCIAL SECURITY NUMBER (LAST FOUR)

TODAY'S DATE

() -
TELEPHONE NUMBER (WITH AREA CODE)

Please return the completed form to:

Fort Worth Employees' Retirement Fund
ATTN: Benefits
3801 Hulen St., Ste. 101
Fort Worth, TX 76107

