## **ADDRESS CHANGE FORM**



## Instructions

If you are a retired or terminated COAERS member, use this form to change your physical address, email address or phone number of record. Active members can only change their address of record with the City of Austin.

irst Name		Middle Name	Last Name		Social Security Number ***-**-	
Previous Mailing Address			City	Sta	te	Zip Code
Date of Birth	Pho	ne		Email Address		
. New Address I	nformatio	on				
New Mailing Address		City	Sta	te	Zip Code	
New Email Address	s (if applica	able)				
New Phone (if app	licable)					
		OT BE ACCEPTED Department of Public Saf		OTO ID		
		D DATE IN THE PRESE following:	NCE OF A NOTARY	PUBLIC		
	wledges the					
Signature below acknown	wledges the		Dar	te		
Signature below acknown Signature  X  State of			County of	s known to me to be the		

Notary Public's Signature: \_\_\_\_\_\_ Personalized Seal: 6836 AUSTIN CENTER BLVD STE 190 AUSTIN, TX 78731 Phone: (512) 458-2551 Fax: (512) 458-5650 www.coaers.org