

# Address Change Form

TO: Imperial County Employees Retirement System  
Imperial County Administration Center  
1221 W. State Street  
El Centro, CA 92243

DATE: \_\_\_\_\_

MY ADDRESS CHANGED FROM: \_\_\_\_\_

TO: \_\_\_\_\_

\_\_\_\_\_  
PLEASE PRINT NAME

(\_\_\_\_)\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
SIGNATURE OF MEMBER/RETIREE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

PLEASE CONTINUE SENDING MY CHECK TO THE BANK    YES     NO

