NAME AND ADDRESS CHANGE FOR RETIREES

NORFOLK EMPLOYEES' RETIREMENT SYSTEM
810 Union Street, Suite 309, Norfolk, VA 23510
Phone: (757)664-4738
Email: retirement@norfolk.gov
Website: www.norfolk.gov/retirement

Social Security Number (Last 4 digits only)
XXX – XX - ☐ ☐ ☐ ☐
Active History Number (Completed by Retirement Office)

***** CHANGE OF ADDRESS CAN BE COMPLETED ONLINE USING RETIREE PeopleSoft SELF-SERVICE WHICH CAN BE ACCESSED VIA THE RETIREMENT OFFICE WEBPAGE www.norfolk.gov/retirement.*****

Complete this form to update your name and/or mailing address. Please allow 30 days for your changes to become effective. If you are changing your name, please provide legal proof of your new name. Include a legible copy of your marriage certificate, divorce decree or other legal court order showing your new name when submitting this form to the Employees' Retirement system of the City of Norfolk.

If you are completing this form as Power of Attorney or guardian for a retiree or beneficiary, attach a copy of your Power of Attorney or guardianship papers.

Please type or print clearly.

1. Name (First, Middle Initial, Last)	**2. Status** (Choose one) ☐ Retiree ☐ Survivor
3. Are you changing your name? ☐ Yes ☐ No If yes, enter your new name below and provide legal proof of your new name (e.g., court order, marriage certificate, divorce decree). **Enter New Name:**	
4. Are you changing your address? ☐ Yes ☐ No If yes, enter your new address below. **Enter New Address:** Street Address: City, State and ZIP+4 Code: Home Phone:	Cell/Daytime Phone:
5. Authorization **Signature**	**Date**