



Water and Power Employees' Retirement Plan

REQUEST FOR CHANGE OF ADDRESS

Name: _____ RI# _____

Old Address

Street Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

New Address

Street Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Telephone Number: (_____) _____

Please Check One

Permanent Change

Temporary Change

Effective Date: _____

End Date (if temporary change): _____

If you have any questions, please contact us at (213) 367-1715 or
toll free at (800)367-7164

Signature

Date

Mail completed form to: Water and Power Employees' Retirement Plan
111 North Hope Street, Room 357
Los Angeles, CA 90012