



Denver Employees Retirement Plan  
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## CHANGE OF ADDRESS FORM

### MEMBER INFORMATION

Member: \_\_\_\_\_ SSN: \_\_\_\_\_ DERP ID: \_\_\_\_\_  
*First Name, Middle Initial, Last Name* *Last 4 digits*

Effective Date of Change: \_\_\_\_\_

### PREVIOUS ADDRESS / PHONE / EMAIL INFORMATION

Previous Residence Address: \_\_\_\_\_  
*Street, Route, or Box Number, and Apt Number* *City, State, ZIP Code*

Previous Mailing Address: \_\_\_\_\_  
*Street, Route, or Box Number, and Apt Number* *City, State, ZIP Code*

Previous Home Phone #: \_\_\_\_\_

Previous Cell Phone #: \_\_\_\_\_

Previous Email Address: \_\_\_\_\_

### NEW ADDRESS / PHONE / EMAIL INFORMATION

New Residence Address: \_\_\_\_\_  
*Street, Route, or Box Number, and Apt Number* *City, State, ZIP Code*

New Mailing Address: \_\_\_\_\_  
*Street, Route, or Box Number, and Apt Number* *City, State, ZIP Code*

New Home Phone #: \_\_\_\_\_

New Cell Phone #: \_\_\_\_\_

New Email Address: \_\_\_\_\_

### SIGNATURE

This authorization will remain in effect until a written request is received by DERP. If you have power of attorney for a DERP member, please include a full copy of the power of attorney documents.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_