

El Paso County Retirement Plan



HOWARD MILLER
EXECUTIVE DIRECTOR

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**CHANGE OF ADDRESS:
RETIRED OR DEFERRED VESTED MEMBERS ONLY**
(Type or print except where signature is required)

NAME: _____
Social Security Number

FROM: _____
Address Apt./Unit Number

City State Zip Code

Phone Number: _____ Email: _____

TO: _____
Address Apt./Unit Number

City State Zip Code

Phone Number: _____ Email: _____

AUTHORIZATION:

Member's Signature Date

ACCEPTANCE BY PLAN:

Plan Representative's Signature Date

"Financial Security for the Golden Years"