



**City of Newport News**  
**Employees' Retirement Fund**  
2400 Washington Avenue  
Newport News, VA 23607

## **Retiree Change of Address Authorization Form**

Retiree Name:	
Social Security #:	
Previous Address:	
Previous Home Telephone #:	

Effective Date for Changes:	
New Address:	
New Home Telephone #:	

\_\_\_\_\_  
Retiree Signature

\_\_\_\_\_  
Date