



Retirement Plans Office
 Administration Annex, 5th Floor
 41 South Central Avenue
 Clayton, MO 63105
 (314) 615-8110
 Fax (314) 615-8101

Send me information about the Electronic Fund Transfer (Direct Deposit). This request does not constitute an agreement on my part to enroll in this program.

ADDRESS CHANGE AUTHORIZATION

NAME (Please Print or Type) _____

Social Security Number _____

PLEASE INDICATE THE CHANGE(S) YOU ARE REQUESTING

- Change address for mailing my benefit (check)
- Change address for mailing other information

PLEASE FILL IN YOUR CORRECT MAILING ADDRESS

In Care of (if applicable) _____

Mailing Address _____

City _____ State _____ Zip Code _____

SIGNATURE OF PAYEE _____

I am a Guardian/Conservator or have Power of Attorney for the person entitled to the benefit. (A copy of Guardian/Conservatorship/Power of Attorney papers must be on file with the St. Louis County Retirement Office before an address change will be completed.)

Telephone number of person signing change request: () _____