REQUEST FOR CHANGE OF ADDRESS

Name:	RI/I	RI/ID Number:	
OLD ADDRESS:			
	State:		
Country:	Phone (Required):		
NEW ADDRESS:			
Street Address:			
City:	State:	Zip:	
Country:	Phone (Required):		
E-Mail Address:			
inform the Retirement Office of statements/allowance checks of direct deposit will be suspended directly and your record is upd	for general informational announcement	thly electronic direct deposit three consecutive months, your e held until we can speak to you	
If you have any question, p	lease contact us at (213) 367-1715 or	toll free at (800) 367-7164	
Signature:		Date:	
Mail completed form to:	Water & Power Employees' Retirement Plan 111 North Hope Street, Room 357 Los Angeles, CA 90012		

Scan & E-mail to: retire@ladwp.com

rev. 9-26-2022

Fax: (213) 367-1891

Attn: Retirement Section