

Retirement Plan for CTA Employees

55 WEST MONROE \ Suite 1950
Chicago, Illinois 60603
(312) 441-9694 \ Fax (312) 441-0454
www.ctaretirement.org

PARTICIPANT'S CHANGE OF ADDRESS AUTHORIZATION FORM

Today's Date: _____

Your name (print): _____

This address authorization form is to inform the Retirement Plan for CTA Employees' and the Health Care Trust that I have a new mailing address. Please update your records to replace my previous address:

Previous Address

Street Address _____

City _____ State _____ ZIP Code _____

Home Telephone _____ Cell Phone _____

Email Address _____

New Physical Address

Street Address _____

City _____ State _____ ZIP Code _____

Home Telephone _____ Cell Phone _____

Email Address _____

New Mailing Address

Check box if address is the same as above

Street Address _____

City _____ State _____ ZIP Code _____

Home Telephone _____ Cell Phone _____

Email Address _____

Signature: _____ **Badge #** _____ **S.S.** _____

Note: All participants must return this form with a current valid photocopy ID