



Luzerne County Employees' Retirement System Form 11: Retiree Information Change

TO BE COMPLETED BY RETIREE

Participant Name (Print)	Sex	Member SS#
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Change of Address for Pension Checks
Effective Date of Change: ____/____/____

Old Address
Address
City, State, Zip

New Address
Address
City, State, Zip

Change to Federal Tax Withholding
Completed W-4P Must be Attached

Change to Direct Deposit
Completed Direct Deposit Application Must be Attached

Change in Beneficiary Information

From:

Old Beneficiary Name (Print)	Beneficiary SS#
Address	Beneficiary Relationship
City, State, Zip	Beneficiary Sex

To:

New Beneficiary Name (Print)	Beneficiary SS#
Address	Beneficiary Relationship
City, State, Zip	Beneficiary Sex

Participant Signature	Date
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Completed form should be sent to: EBDS, Outsource Administration - LC,
One Gateway Center, 12th Floor, 420 Fort Duquesne Blvd., Pittsburgh, PA 15222