

**CORAL GABLES RETIREMENT SYSTEM**

**CHANGE OF ADDRESS FORM**

**PLEASE TYPE OR PRINT**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
EMPLOYEE #

\_\_\_\_\_  
NEW ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Return your completed election to:

Coral Gables Retirement System  
405 Biltmore Way  
Coral Gables, FL 33134  
Fax 305-569-1826  
Email [kgroome@coralgables.com](mailto:kgroome@coralgables.com)