

**FIRE DEPARTMENT PENSION FUND**  
9 Metro Tech Center, 6<sup>th</sup> Floor South  
Brooklyn, New York 11201  
(718) 999-2327/23282329

**CHANGE OF ADDRESS FORM**

**Personal information to be supplied by pensioner: (please print)**

**Pension Number:** \_\_\_\_\_ **Social Security Number (last 4 digits):** \_\_\_\_\_

**Name:** \_\_\_\_\_

**EFFECTIVE DATE OF ADDRESS CHANGE:** \_\_\_\_\_

**(NEW)**  
**STREET ADDRESS** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**CANCEL ELECTRONIC DEPOSIT? (check one)**       **YES**                       **NO**

**(PREVIOUS)**  
**ADDRESS** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**THIS FORM MUST BE ACKNOWLEDGED BEFORE A NOTARY PUBLIC OR COMMISSIONER OF DEEDS**

**SIGNATURE:** \_\_\_\_\_

**State of** \_\_\_\_\_ **County of** \_\_\_\_\_

**On this** \_\_\_\_\_ **day of** \_\_\_\_\_ **20** \_\_\_\_\_, personally appeared before me the said \_\_\_\_\_, to me known to be the individual described in and who executed the foregoing instrument and he/she duly acknowledged to me that he/she executed the same.

**Signature of Notary Public or Commissioner of Deeds** \_\_\_\_\_

**Official Title** \_\_\_\_\_

**Expiration Date of Commission** \_\_\_\_\_

**Official Seal**

