

NEW YORK CITY FIRE PENSION FUND
One Battery Park Plaza - 9th Floor
New York, New York 10004-1405
(929)-436-0099

FOR YOUR SECURITY WE CANNOT PROCESS IF FORM IS FAXED OR EMAILED

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: _____

Home Telephone: _____ **Cell:** _____

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

