

NYC FIRE PENSION FUND  
One Battery Park Plaza, 9th Floor  
New York, NY 10004  
Tel: 929-436-0099

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

