



CHANGE OF ADDRESS FORM

Name: _____ Employee ID#: _____
(if known or remembered)

E-Mail Address: _____ Phone Number: _____

I am collecting a: Retirement Benefit
(select one) Spousal/Beneficiary Benefit
 Both My Own Retirement Benefit and a Spousal/Beneficiary Benefit
 Unsure

My old address was:

Street Address: _____

City: _____ State _____ Zip _____

Please revise my NEW permanent address to:

Street Address: _____

City: _____ State _____ Zip _____

Signature: _____ **Date:** _____

Return this form directly to the Pension Office:

Mail: 316 NE Fourth Street, Suite 2, Fort Lauderdale, Florida 33301
E-mail: contact@citypension.com
Fax: 954-828-5270

Generally, the deadline for submission of this form is the 15th of the month in order for the change to take effect the following month. For submissions received after the 15th of the month the change will usually take effect the month after next.

If you have any questions, do not hesitate to contact the Pension Office during regular business hours of 8:30AM to 5:00PM, Monday through Friday. The office observes the same holiday schedule as the City of Fort Lauderdale. The Pension Office telephone numbers are (954) 828-5171 or toll-free (888) 269-4447 and the general e-mail box is contact@citypension.com. E-mail and voicemail messages delivered after hours are generally returned the next business day.

Verified: _____