



## 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: 401 NE Fourth Street, Suite 2, Fort Lauderdale, Florida 33301**  
**E-mail: [contact@citypension.com](mailto: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](mailto:contact@citypension.com). E-mail and voicemail messages delivered after hours are generally returned the next business day.

Verified: \_\_\_\_\_