

PALM BAY POLICE & FIREFIGHTERS' PENSION PLAN
CHANGE OF ADDRESS FORM

Pursuant to Section 119.071(5)(a)2., Florida Statutes, your social security number is requested for the purpose of determining eligibility for retirement benefits as a plan member, retiree or beneficiary, the processing of retirement benefits; verification of retirement benefits; income reporting; or other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes.

The Pension Board periodically mails updates and notices to its Plan Members. It is your responsibility to keep your Palm Bay Police & Firefighters' Pension Fund records up-to-date by providing notice of any changes in your mailing address. This document may be an Addendum to your Pension Beneficiary Form. *Additional Change of Address Forms can be obtained by calling the Pension Office at (321) 724-8877 or visiting the Web at pbpf.org.*

Effective _____ change my address to the following:

Member Name (Please Print)

Street Address (Do Not Use the City's Address)

City

State

Zip

(Area Code) Day Phone

(Area Code) Evening Phone

Employee's SSN (Required)

Department

Employee's Signature (Required)

Witness

Date