

FIRE DEPARTMENT PENSION FUND

9 Metro Tech Center, 6th Floor
Brooklyn, New York 11201
(718) 999-2327

CHANGE OF ADDRESS FORM

Personal information to be supplied by pensioner: (please print)

Pension Number: _____ Social Security Number (last 4 digits): _____

Name: _____

(NEW)
STREET ADDRESS _____

City, State, Zip Code: _____

Telephone Number: _____

(PREVIOUS)
ADDRESS _____

City, State, Zip Code: _____

THIS FORM MUST BE ACKNOWLEDGED BEFORE A NOTARY PUBLIC OR COMMISSIONER OF DEEDS

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

