

# WEST PALM BEACH POLICE PENSION FUND

2100 North Florida Mango Road  
West Palm Beach, Florida 33409

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FAX: 561.471.5027

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## CHANGE OF ADDRESS FORM

Effective Date : \_\_\_\_\_

Member Name: \_\_\_\_\_

Please Check One:      Active Member ( )      Retired Member ( )

### New Information

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cellular:(\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The foregoing information revokes any and all prior data given to the Board of Trustees. I acknowledge that it is my responsibility to notify the Board of Trustees (*or their designee*) should there be any other change(s) in the future that may affect the accuracy of this form.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

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#### Internal Use Only

Updated/Entered By: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Bank Representative Notified (if applicable)

Date: \_\_\_\_\_

Please visit us at: [www.wpbppf.com](http://www.wpbppf.com)