



**POLICE PENSION FUND—CHANGE OF ADDRESS**  
 233 Broadway—19th Floor, New York, NY 10279

Please fill in the following:		Date: / /	
Name Printed (First—M.I.—Last)		Tax Registry No.	
Telephone #:		PENSION NO.	
Social Security Number (Last 4 digits)		Rank	

**OLD ADDRESS:**

CITY	STATE	ZIP CODE

**NEW ADDRESS:**

CITY	STATE	ZIP CODE

**EFFECTIVE DATE:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**

County of \_\_\_\_\_ State of \_\_\_\_\_

On this day personally appeared before me the said \_\_\_\_\_ to me known and known to me to be the individual described herein and who executed the foregoing instrument, and he (or she) duly acknowledged to me that he (or she) executed the same.

Sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_

\_\_\_\_\_  
 Notary Public