



New York City Police Pension Fund

“Serving the Finest”

Office Use Only

Change of Social Condition

All Tiers

Current Demographics:

I am a: Member Retiree Alternate Payee Beneficiary

First Name: _____ Last Name: _____

Tax No.: _____ Pension No.: _____

Instructions:

PLEASE PRINT ALL INFORMATION ON THIS FORM

- Under “Current Demographics” write your name as the Police Pension Fund has on file.
- Non-members should provide their name and information but include identifying member information.
- Copies of supporting documentation must be attached to this form. Do not provide originals.
- Mail completed forms to: NYC Police Pension Fund, 233 Broadway, 25th fl., New York, NY 10279-2501.

Name Change:

Provide Court Order or State Issued ID with new name

First Name: _____ Last Name: _____

Marital Status Change:

Provide Marriage Certificate, Judgment of Divorce, or other legal document

Change my marital status to:

- Single
- Married
- Legally Separated
- Divorced
- Widowed
- Registered Domestic Partner
- Not Identified

Gender Change:

Provide Court Order or State Issued ID with new gender

Change my gender to:

- Male
- Female
- Not Identified

Social Security Number Change:

Provide new Social Security card

New Social Security #: _____

Acknowledgement:

Signature: _____ Date: ____ / ____ / ____

State of _____, County of _____
 On this ____ day of _____, 20__ before me personally
 appeared _____ to me known
 and known to me to be the same person described herein
 and who executed the foregoing instrument, and (s)he duly
 acknowledged to me that (s)he executed the same.

Affix notary seal or staff name and signature:

Signature of Notary Public: _____

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Processed by: _____

Date: ____ / ____ / ____