New York City
Police Pension Fund
"Serving the Finest"

Office Use Only

Change of Contact Information   All Tiers

Demographics: Please check **one**: ☐ Retiree ☐ Alternate Payee ☐ Beneficiary

First Name: _____   Last Name:_____

Tax No.: _____   Pension No.: _____

Instructions:

DO NOT SUBMIT THIS FORM IF YOU ARE AN ACTIVE MEMBER: you must update your contact information with NYPD

- Print all requested information and answer each section completely. Have the form notarized.
- Mail to: NYC Police Pension Fund, 233 Broadway, 25th fl., New York, NY 10279-2501.
- Non-members should provide their name and information but include identifying member information.
- A Post Office Box cannot be used as a residence, but can be used for a mailing address.

New Address: Type (check **one** box):   ☐ Residence   ☐ Mailing

Effective date (check **one**): ☐ Immediate **OR** ☐ _____/_____/_____   *Effective date cannot be more than three months in the future.*
     mm   dd   yyyy

Address 1: _____

Address 2 (optional): _____

City: _____   State: _____   Zip code:_____

New Telephone Number:

Type (check **one**): ☐Home ☐ Cell ☐ Work

(_____)_____-_____

New E-Mail:

Type (check **one**): ☐Personal ☐ Work

_____@_____

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: _____/_____/_____

233 Broadway, 19th Floor, New York, NY 10279 • (212) 693-5100 • www.nyc.gov/nycppf • www.facebook.com/nycppf

1 of 1

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