New York City Police Pension Fund

"Serving the Finest"

Office Use Only

Change of Contact Information — All Tiers

Demographics:

Select **one**: ◯ Member ◯ Retiree ◯ Alternate Payee ◯ Beneficiary

First Name: _____ Middle Initial: ___ Last Name: _____

Tax ID: _____ Pension Number: _____

Instructions:

- Print all requested information and answer each section completely.
- Forms must be notarized unless hand delivered to the Fund.
- Non-members should provide their name and Pension Number; if you do not have a Pension Number, please include specific identifying member information.
- A Post Office Box cannot be used as a residence, but can be used for a mailing address.
- Active members MUST change their Residence with the NYPD; all other contact info may be updated here.
- **Changing contact information here does not change it with NYPD, Deferred Comp, or your union.**

New Address:

Type (select **one**): ◯ Residence ◯ Mailing

Address 1: _____

Address 2 (optional): _____

City: _____ State: _____ Zip code: _____

New Telephone Number:

Type (select **one**): ◯ Home ◯ Cell ◯ Work

(_____)_____-_____

New E-Mail Address:

Type (select **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.

Signature of Notary Public: _____

Affix notary seal or staff name and signature:

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