



CHANGE OF ADDRESS FORM

MAIL TO:
City of Miami Fire & Police
Retirement Trust
1895 SW 3 Ave.
Miami, FL 33129
FAX TO:
(305) 858-9008

NOTIFICATION OF CHANGE OF ADDRESS

FROM:

Old Address _____
street

city state zip code

TO:

New Address _____
street

city state zip code

THIS CHANGE IS FOR:

_____ HOME ADDRESS/MONTHLY STATEMENT
_____ MONTHLY PENSION PAYMENT

TELEPHONE: _____
AREA CODE PHONE NUMBER

NAME: _____
PRINT SOCIAL SECURITY

SIGNATURE: _____

Pursuant to Section 119.071(5)(a)2., Florida Statutes, your social security number is requested for the purpose of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; the processing of retirement benefits; verification of retirement benefits; income reporting; or other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes.