## THE RETIREMENT BOARD of the FIREMEN'S ANNUITY AND BENEFIT FUND OF CHICAGO

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THIS SPACE FOR

Tile #	
Company:	

## ANNUITANT MEMBER CHANGE OF ADDRESS FORM

NAME OF AN	NUITANT:
OLD ADDRES	SS:
	(apartment, unit number)
	(city, state, and zip code)
NEW ADDRE	SS:
	(apartment, unit number)
	(city, state, and zip code)
TELEPHONE:	:
**DATE NEW	ADDRESS IN EFFECT:
ANNUITANT SIGNATURE	C'S :
SOCIAL SECU	URITY #:
*****	*************************

## **IMPORTANT INFORMATION**

- \* WE MUST RECEIVE THIS FORM BY THE  $20^{\text{th}}$  OF THE MONTH FOR THE CHANGE TO BE IN EFFECT WITH THE CHECK AT THE END OF THAT MONTH.
- \* CHECKS ARE DATED FOR THE LAST DAY OF THE MONTH, SO YOU SHOULD RECEIVE YOUR CHECK ON OR AROUND THE 1ST OF THE FOLLOWING MONTH. I.E. THE CHECK DATED JANUARY 31, 20XX YOU SHOULD RECEIVE SOMETIME AROUND THE FIRST FEW DAYS OF FEBRUARY.
- \* YOU MUST KEEP THIS OFFICE INFORMED, IN WRITING AND AT ALL TIMES, OF ANY CHANGES OF ADDRESS, EVEN IF YOUR CHECK IS DIRECT DEPOSIT