

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

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**THIS SPACE FOR  
OFFICE USE ONLY**

File # \_\_\_\_\_

Company: \_\_\_\_\_

**ANNUITANT MEMBER  
MAILING TO A POST OFFICE BOX**

NAME OF ANNUITANT: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

(city, state, and zip code)

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

(city, state, and zip code)

TELEPHONE: \_\_\_\_\_

\*\*DATE NEW ADDRESS IN EFFECT: \_\_\_\_\_

**ANNUITANT'S  
SIGNATURE:** \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

\*\*\*\*\*

**IMPORTANT INFORMATION**

- \* WE MUST RECEIVE THIS FORM BY THE 20<sup>th</sup> 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.