

**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: _____

CHANGE OF EMAIL ADDRESS FORM

NAME OF EMPLOYEE: _____

OLD EMAIL ADDRESS: _____

NEW EMAIL ADDRESS: _____

TELEPHONE: _____

**DATE NEW EMAIL ADDRESS IN EFFECT: _____

**EMPLOYEE'S
SIGNATURE:** _____

SOCIAL SECURITY #: _____

IMPORTANT INFORMATION

*** YOU MUST KEEP THIS OFFICE INFORMED, IN WRITING AND AT ALL TIMES, OF ANY CHANGES OF EMAIL ADDRESS.**