

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

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(800) 782-7425

**THIS SPACE FOR
OFFICE USE ONLY**

File # _____

Company: _____

**ANNUITANT MEMBER
STOP DIRECT DEPOSIT FORM**

Annuitant's Name

Address

Address

City, State, Zip

Telephone Number

Annuitant's Signature

Social Security Number

Date

IMPORTANT INFORMATION

- * WE MUST RECEIVE THIS FORM BY THE 20th 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.