

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: _____

(apartment, unit number)

(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

*** THIS FORM MUST BE RETURNED WITH A COPY OF YOUR DRIVER'S LICENSE OR STATE ID. FORMS RETURNED WITHOUT A PICTURE ID CANNOT BE PROCESSED**

- * 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, EVEN IF YOUR CHECK IS DIRECT DEPOSIT