

THE RETIREMENT BOARD
of the
FIREMEN'S ANNUITY AND BENEFIT FUND
OF CHICAGO
Suite 300

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THIS SPACE
FOR OFFICE USE
ONLY

FILE #: _____

COMPANY #: _____

Please stop the electronic direct deposit of my monthly check. I want my check mailed to my home address until further notice.

Annuitant's Name

Address

Address

City, State, Zip Code

Telephone Number

Annuitant's Signature

Social Security Number

Date

IMPORTANT INFORMATION

- MUST PROVIDE COPY OF DRIVER'S LICENSE OR STATE ID.
- 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.
- YOU MUST KEEP THIS OFFICE INFORMED, IN WRITING AND AT ALL TIMES, OF ANY CHANGES OF ADDRESS.