## 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 WINTER / SUMMER ADDRESS FORM

NAME OF ANNUITA	ANT:
SUMMER ADDRESS	S:
	(apartment, unit number)
	(city, state, and zip code)
TELEPHONE:	
DATES :	
	s:
	(apartment, unit number)
	(city, state, and zip code)
TELEPHONE:	
DATES :	
ANNUITANT'S SIGNATURE:	
	#:
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## IMPORTANT INFORMATION

- \* THIS FORM MUST BE RETURNED WITH A COPY OF YOUR DRIVER'S LICENSE OR STATE ID. FORMS RETURNED WITHOUT A PROPER PICTURE ID CANNOT BE PROCESSED
- \* WE MUST RECEIVE THIS FORM BY THE  $20^{\text{th}}$  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