CITY OF MIAMI FIRE FIGHTERS' AND POLICE OFFICERS' RETIREMENT TRUST 1895 SW 3rd AVENUE MIAMI, FL 33129-1456 (305) 858-6006 FAX (305) 858-9008

NOTIFICATION OF CHANGE OF ADDRESS

FROM:				
Old Address		street		
-	city	state	zip code)
<u>TO</u> :				
New Address		street		
-	city	state	zip code)
THIS CHANG	E IS F	<u>OR</u> :		
-		HOME ADDRESS/MONTHLY STATEMENT		
-		MONTHLY PENSION PAYMENT		
TELEPHONE	:			
	-	AREA CODE	PHONE NUMBER	
E-MAIL:	-			
NAME:				
		PRINT	SOC	IAL SECURITY
SIGNATURE:				

Pursuant to Section 119.071(5)(a)2(a)(II), Florida Statutes, your social security number is requested for the purpose of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; the processing of retirement benefits; verification of retirement benefits; income reporting; or other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes.