



# New York City Police Pension Fund

233 Broadway, 25th fl.  
New York, NY 10279  
212-693-6888  
www.nyc.gov/nycppf

Office use only

## Change of Address

## Retiree or payee

Time and date

### 1) Instructions:

- Sections 2, 3 and 4: **Print** all requested information.
- Section 4: Check “**Immediate**” or specify an **effective date** for your address change.
- **If the form is mailed to the NYCPPE, it must be notarized.** Mail to: NYC Police Pension Fund, 233 Broadway, 25th fl., New York, NY 10279-2501.

### 2) Member information (please print):

Tax ID #: \_\_\_\_\_ Pension #: \_\_\_\_\_ SSN, last 4 digits: \_\_\_\_\_

First name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Date:     /     /      
mm dd yyyy

Last name: \_\_\_\_\_

### 3) OLD address (please print):

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### 4) NEW address (please print):

Effective date (check one box):  Immediate OR      /     /     (specify date)  
mm dd yyyy

Address 1: \_\_\_\_\_

Address 2 (optional): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Cell phone #: (     ) \_\_\_\_\_ Alternate phone # (optional): (     ) \_\_\_\_\_

### Notarization

[Notarization is required if form is mailed to the NYC Police Pension Fund]

State of \_\_\_\_\_ County of \_\_\_\_\_ [Retiree signature line]

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me

personally appeared \_\_\_\_\_,  
to me known and known to me to be the same person described  
herein and who executed the foregoing instrument, and (s)he duly  
acknowledged to me that (s)he executed the same.

Signature of Notary Public: \_\_\_\_\_

Commission expiration:     /     /     [Please affix stamp or seal]

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Processed by: \_\_\_\_\_ Date:     /     /