CHANGE OF ADDRESS FORM FOR RETIREES

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

The Pension Board periodically mails updates and notices to its Retiree Members. It is your responsibility to keep your Palm Bay Police & Firefighters' Pension Fund records up-to-date by providing notice of any changes in your mailing address. *Additional Change of Address Forms can be obtained by calling the Pension Office at (321) 724-8877 or visiting the Web at pbpfpf.org.*

Effective _____change my address to the following:

This change applies to the following: [ ] Retiree [ ] Beneficiary

_____

Member Name (Please Print)

_____

*Street Address (**Do Not Use the City's Address**)*

_____

City *State* *Zip*

_____

(Area Code) Day Phone *(Area Code) Evening Phone*

_____

E-Mail Address *Retiree's SSN (**required**)*

_____

Emergency Contact *Address* *Phone Number* *Relationship*

_____

Emergency Contact *Address* *Phone Number* *Relationship*

_____

Retiree's Signature ***Witness*** ***Date***

FRMADDRETIREE: 5/7/2026