

City of Fort Lauderdale Police & Fire Retirement System

Date: _____

Name: _____

Social Security: _____

Department: Police Fire

Active

Retired

Disabled

Vested

Beneficiary

Change address to:

Phone number: _____

Signature: _____

Mail & Permanent Yes No

Check Only Yes No

Check & Mail Yes No

Due to the confidentiality law we cannot provide any other dept with this change unless you waive this right.

I agree to waive this right

Please sign _____