

**FIRE AND POLICE EMPLOYEES' RETIREMENT SYSTEM (F&P)
CITY OF BALTIMORE**

**RETIREE OR BENEFICIARY
CHANGE OF ADDRESS FORM**

INSTRUCTIONS:

The F&P should be notified of your change of address at least 3 weeks prior to your move. This is to assure that your direct deposit advice or your retirement benefit check will be mailed at the appropriate time to your new address.

This Change of Address form must be completed and SIGNED by the F&P retired member, beneficiary, or alternate payee. A minor child, a child below age 18, cannot sign this form.

Exceptions:

1. If you have POWER OF ATTORNEY over the retirement affairs of the F&P benefit recipient, the Attorney-In-Fact may complete and sign this form.

However, a copy of the Power of Attorney order MUST be on file with the F&P in order for the F&P to process the change of address. If the F&P does not have the order on file, the change of address will not be processed.

2. If you are GUARDIAN of an F&P benefit recipient, you may complete and sign this form.

However, a copy of the Guardianship document MUST be on file with the F&P in order for the F&P to process the change of address. If the F&P does not have the document on file, the change of address will not be processed.

Please return this Change of Address form to:

THE FIRE AND POLICE EMPLOYEES' RETIREMENT SYSTEM
7 E. Redwood Street, 18th Floor
Baltimore, Maryland 21202-3470

Notes to Retiree or Beneficiary:

If you participate in the Direct Deposit program, this form will NOT change the address on file with your financial institution (for example, the Municipal Employees' Credit Union or your bank).

The F&P does not accept address change requests over the phone or via e-mail.

The F&P will accept signed Change of Address forms by fax at 1-888-443-7008.

Telephone numbers are requested in case the F&P must contact you.

If you need further information, please call F&P Member Services at 410-497-7929, Option 1, or toll free at 1-888-410-1600.

OVER

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CHANGE OF ADDRESS FORM**

FOR F&P USE ONLY	
DATE RECD:	_____
RECD BY:	_____
RET. NO:	_____
EMPL ID:	_____

Please first read the instructions on the other side.

PLEASE PRINT

Last 4 digits of your Social Security No.: _____ Name: _____
First MI Last

Old Address: _____
Number and Street

Apt/Suite#/P.O. Box#

City State Zip Code

Date new address is to take effect: _____
Date (MM/DD/YYYY)

New Address: _____
Number and Street

Apt/Suite#/P.O. Box#

City State Zip Code

Signature Date (MM/DD/YYYY) Home Telephone Number

MUST BE SIGNED BY BENEFIT RECIPIENT, ATTORNEY-IN-FACT, OR GUARDIAN Cell Phone Number

FOR F&P USE ONLY

Payroll Entry By: _____	Date: _____
Payroll Entry Verified By: _____	Date: _____