

Authorization for Address Change



D A L L A S
POLICE & FIRE
PENSION SYSTEM



I authorize the Dallas Police & Fire Pension System to change my address and telephone number to the following:

NEW ADDRESS (Please print)

_____		_____	
Name		Social Security #	
_____		_____	
Street		Apartment #	
_____		_____	
City	State	ZIP	

Telephone #			

OLD ADDRESS

_____		_____	
Name		Social Security #	
_____		_____	
Street		Apartment #	
_____		_____	
City	State	ZIP	

Telephone #			

_____	_____
Signature	Date

Please return this form to:

Dallas Police & Fire Pension System
4100 Harry Hines Blvd. Ste.100
Dallas, TX 75219

If you have any questions, contact a Benefits Counselor at 214.638.3863.