

# AUTHORIZATION FOR CHANGE OF ADDRESS



DALLAS  
POLICE & FIRE  
PENSION SYSTEM



Name \_\_\_\_\_

Last 4 digits of SS# \_ \_ \_ \_

Police Department     Fire Department

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

**NEW ADDRESS (Please print)**     Mailing Address     Home Address (Check all that apply)

\_\_\_\_\_  
Street

\_\_\_\_\_  
Apartment #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**UPDATED PHONE NUMBER**     Yes     No

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
E-mail Address

## Important Notes:

***DPFP needs your current contact information on file. If mail sent to you is returned undeliverable, direct deposits will be suspended until you establish new contact information. Forms received after the 15<sup>th</sup> of the month will be processed for the next month.***

***Home address is always used for verification purposes on Web Member Services. E-mail address is for internal purposes only and will not be entered in the DPFP system.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please return this form to:*

**Dallas Police & Fire Pension  
System 4100 Harry Hines  
Blvd. Suite 100  
Dallas, Texas 75219**