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 ☐ Physical Address (Check all that apply)

_____

Street Apartment #

_____

City State Zip

UPDATED PHONE NUMBER ☐ Yes ☐ No

_____

Telephone #

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

_____

Signature Date

Please return this form to:

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

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