



# Change of Address Form

(Pensioners Only)

**NAME:** \_\_\_\_\_ **SOC. SEC. NO.** XXX - XX - \_\_\_\_\_

**PLEASE CHECK ONE:**

Permanent Address Change

Temporary Address Change      Expiration Date: \_\_\_\_\_

**OLD ADDRESS:**

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

**CHANGE TO (NEW ADDRESS):**

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

TEL. NO: (    ) \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

\_\_\_\_\_  
MEMBER SIGNATURE

\_\_\_\_\_  
DATE

MAIL TO:            Los Angeles Fire and Police Pensions  
                         Attn: Retirement Services Section  
                         360 E. Second Street, Suite 400  
                         Los Angeles, CA 90012  
                         (213) 978-4495

FAX TO:            (213) 978-4504