

**THE RETIREMENT BOARD
of the
FIREMEN'S ANNUITY AND BENEFIT FUND
OF CHICAGO**

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20 S. Clark Street Chicago, IL 60603-1899
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Marshall Line 9261 <http://www.fabf.org>
(800) 782-7425

**THIS SPACE FOR
OFFICE USE ONLY**
File # _____
Company: _____

ELECTED TRUSTEES

ANTHONY R. MARTIN, Secretary
DAN P. FABRIZIO,
MICHAEL J. SHANAHAN, President
WALTER M. CARLSON, Annuitant Member

EX-OFFICIO TRUSTEES

First Deputy Fire Commissioner, CHARLES STEWART III
City Treasurer, STEPHANIE NEELY Vice President
City Comptroller, AMER AHMAD
City Clerk, SUSANA MENDOZA

CHANGE OF ADDRESS FORM

NAME OF ANNUITANT: _____

OLD ADDRESS: _____

(city, state, and zip code)

NEW ADDRESS: _____

(city, state, and zip code)

TELEPHONE: _____

**DATE NEW ADDRESS IN EFFECT: _____

**ANNUITANT'S
SIGNATURE:** _____

SOCIAL SECURITY #: _____

IMPORTANT INFORMATION

- * WE MUST RECEIVE THIS FORM BY THE 20TH OF THE MONTH FOR THE CHANGE TO BE IN EFFECT WITH THE CHECK AT THE END OF THAT MONTH.
- * CHECKS ARE DATED FOR THE LAST DAY OF THE MONTH, SO YOU SHOULD RECEIVE YOUR CHECK ON OR AROUND THE 1ST OF THE FOLLOWING MONTH.
I.E. - THE CHECK DATED JANUARY 31, 19XX YOU SHOULD RECEIVE SOMETIME AROUND THE FIRST FEW DAYS OF FEBRUARY.
- * YOU MUST KEEP THIS OFFICE INFORMED, IN WRITING AND AT ALL TIMES, OF ANY CHANGES OF ADDRESS.