



ADDRESS CHANGE REQUEST FORM

Office # _____

IMPORTANT INFORMATION

A. P.O. Box addresses are not accepted. Your address change will go into effect once it has been received and approved by the Cook County Pension Fund. It can be changed again at any time by submitting another form.

B. Corrections to this document are not accepted and will be returned as incomplete.

C. You must sign and date the form.

Name _____

Last 4 SSN XX-XXX-_____

PREVIOUS (OLD) ADDRESS

Street Address _____

Apt Number _____

City _____

State _____

ZIP _____

Benefit Type (circle one):

ANNUITY

REFUND

DISABILITY

NEW ADDRESS – P.O. BOX ADDRESSES ARE NOT ACCEPTED

Street Address _____

Apt Number _____

P.O. BOX ADDRESSES ARE NOT ACCEPTED

City _____

State _____

ZIP _____

Phone Number _____

Signature _____

Date _____

OFFICE USE ONLY

Benefit Type _____

Initials _____