



ADDRESS CHANGE REQUEST FORM

Office # _____

IMPORTANT INFORMATION

A. 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

Street Address _____ Apt Number _____

City _____ State _____ ZIP _____

Phone Number _____

Signature _____ Date _____

OFFICE USE ONLY

Benefit Type _____ Initials _____