

## **ADDRESS CHANGE REQUEST FORM**

	Office #	
IMPORTANT	INFORMATION	
A. Your address change will go into effect once it has beer received and approved by the Cook County Pension Fund. It can be changed again at any time by submitting another form.	<ul><li>B. Corrections to this document are not accepted and will be returned as incomplete.</li><li>C. You must sign and date the form.</li></ul>	
Name	Last 4 SS	SN XX-XXX
PREVIOUS (	OLD) ADDRESS	
Street Address	Apt Number	
City	State	ZIP
Benefit Type (circle one): ANNUITY	REFUND	DISABILITY
NEW A	ADDRESS	
Street Address (Cannot use PO Box)	Apt #	
City	State	ZIP
Phone Number	_	
Signature		Date
OFFICE	LISE ONLY	
Benefit Type	USE ONLY Init	ials

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