



# City of Sunrise Police Officers' Retirement System



## CHANGE OF ADDRESS FORM

Effective Date : \_\_\_\_\_

Member Name: \_\_\_\_\_

### New Information

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ Cellular: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

The foregoing information revokes any and all prior data given to the Board of Trustees. I acknowledge that it is my responsibility to notify the Board of Trustees (*or their designee*) should there be any other change(s) in the future that may affect the accuracy of this form.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Office use only**

Updated/Entered By: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*Bank Representative Notified (if applicable)*

Date: \_\_\_\_\_