

**CHANGE OF ADDRESS**

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Annuitant Participant # \_\_\_\_\_

Annuitant Widow # \_\_\_\_\_ Annuitant Child # \_\_\_\_\_

Duty Disability # \_\_\_\_\_ Child Disability # \_\_\_\_\_

Heart Disability # \_\_\_\_\_ Total Disability # \_\_\_\_\_

Ordinary Disability # \_\_\_\_\_

If this change includes children, please note above AC# or CD#.

**PLEASE CHANGE MY ADDRESS TO:**

**EFFECTIVE DATE OF CHANGE:** \_\_\_\_\_

**NAME** \_\_\_\_\_  
Please Print

\_\_\_\_\_  
Street Number Apt. #

\_\_\_\_\_  
City State Zip Code

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Telephone Number Alternate Phone Number

\_\_\_\_\_  
**Signature** Date

**PLEASE CONTINUE TO HAVE MY ANNUITY / DISABILITY  
PAYMENT DIRECT DEPOSITED TO MY FINANCIAL INSTITUTION.**

Direct signed form to:

**Policemen's Annuity and Benefit Fund  
City of Chicago**

221 NORTH LA SALLE STREET - ROOM 1626  
CHICAGO, ILLINOIS 60601