



The Retirement Board of the  
**Policemen's Annuity and Benefit Fund of Chicago**

221 North LaSalle St – Suite 1626, Chicago, IL 60601  
Office: (312) 744-3891 Website: [www.chipabf.org](http://www.chipabf.org)

**CHANGE OF ADDRESS - ANNUITANTS ONLY**

SS# (last 4 digits) XXX -XX-\_\_\_\_\_

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#.

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

**NAME** \_\_\_\_\_

(Please Print)

**CHANGE MY ADDRESS TO:**

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.**

**A COPY OF YOUR DRIVER'S LICENSE OR OTHER GOVERNMENT  
ISSUED IDENTIFICATION MUST BE SUBMITTED WITH THIS FORM.**

**NO CHANGES WILL BE MADE WITHOUT PROOF OF YOUR IDENTITY.**