



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

221 North LaSalle St – Suite 1626, Chicago, IL 60601
(312) 744-3891 www.chipabf.org

CHANGE OF ADDRESS

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#.

PLEASE CHANGE MY ADDRESS TO:

EFFECTIVE DATE OF CHANGE: _____

NAME _____
Please Print

Street Number _____ Apt. # _____

City _____ State _____ Zip Code _____

(_____) _____ (_____) _____
Telephone Number Alternate Phone Number

_____ Email _____

_____ Signature _____ Date _____

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.