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 - _____

PLEASE CHANGE MY ADDRESS TO:

NAME _____
Please Print

_____
Street Number Apt. #

_____
City State Zip Code

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

_____
Email

_____ _____
Signature Date

A COPY OF A VALID DRIVER'S LICENSE OR STATE ID

MUST BE SUBMITTED WITH THIS FORM.

NO CHANGES WILL BE MADE WITHOUT PROOF OF YOUR IDENTITY.