



Change of Name and Address Form for Retirees

NOTE: THIS FORM IS NOT VALID WITHOUT THE SIGNATURE AND PHONE NUMBER OF A WITNESS. THE WITNESS CAN BE ANY PERSON WHO KNOWS YOU. THIS IS REQUIRED IN ORDER TO PROTECT YOUR PENSION RECORDS FROM UNAUTHORIZED CHANGES. THE FORM WILL BE RETURNED IF NOT COMPLETE.

Name: _____ **Retiree Employee Number:** _____

Home Phone Number (if applicable): _____

Cell Number (if applicable): _____

E-Mail Address (if applicable): _____ **Effective Date:** _____

Please send MY CORRESPONDENCE to the following address:

If you are reporting a name change, please print your new name below. Also, please attach supporting documentation (i.e. divorce decree, court order, marriage certificate).

New Name: _____

(Signature of individual requesting change)

(Date)

*

(Signature of Witness)

*

(Phone Number of Witness)

For HFRRF Use Only:

Date Received _____ By _____

Date Entered _____ By _____

Date Verified _____ By _____