

**PLAN MEMBER CHANGE OF ADDRESS/CONTACT INFORMATION FORM**  
**(PLEASE PRINT LEGIBLY OR TYPE)**

**Miami Firefighters' Relief & Pension Plan**

Name: \_\_\_\_\_ Social Security Number: XXX-XX-\_\_\_\_\_  
(Last 4 Digits)

**Previous Address/Contact Information:**

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**New Address/Contact Information:**

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**THIS FORM MUST BE SIGNED PERSONALLY BY THE PLAN MEMBER IN THE PRESENCE OF A NOTARY. IF NOT SIGNED BY THE PLAN MEMBER, A LETTER OF EXPLANATION FOR SUCH FAILURE MUST BE RETURNED WITH THIS FORM.**

\_\_\_\_\_  
(Member Signature - *MUST BE SIGNED IN PRESENCE OF A NOTARY*) (Date)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, appeared before me \_\_\_\_\_ by means of ☐ physical presence ☐ online notarization and who is ☐ personally known to me or ☐ has produced \_\_\_\_\_ as identification, and who did take an oath and, after being duly cautioned and sworn, deposes and says that he/ she has signed the foregoing document for the reasons therein contained.

SWORN TO AND SUBSCRIBED before me this the \_\_\_\_\_ day of

\_\_\_\_\_  
Notary Public, State of Florida At Large

My Commission Expires:

My Commission Number Is:

**Return Completed Form to:**

Miami Firefighters' Relief & Pension Fund  
2980 NW South River Drive  
Miami, FL 33125  
Fax: 305-424-9266 Email: [office@miami175.org](mailto:office@miami175.org)