

# Change of Address Form

- This form must be filled out completely and signed below.
- **Power Of Attorney Information:** If you have power of attorney for an FPPA member, you must include a certified copy\* of the power of attorney documents before this form can be processed.

\* A copy that is compared to the original document and attested to by a notary.

<p>Check <input checked="" type="checkbox"/> <b>ONLY</b> one of the 4 boxes to the right:</p> <p>Effective Date of Change: _____</p>	<p><input type="checkbox"/> <b>Active Member</b></p> <p>After filling out this form submit the form to your Employer. Your Employer will make the address change through the FPPA payroll reporting system.</p>	<p><input type="checkbox"/> <b>Retired Member</b></p> <p>After filling out this form please mail it to FPPA at the address above.</p>	<p><input type="checkbox"/> <b>Beneficiary</b></p> <p>After filling out this form please mail it to FPPA at the address above.</p>	<p><input type="checkbox"/> <b>Alternate Payee</b></p> <p>After filling out this form please mail it to FPPA at the address above.</p>
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## MEMBER INFORMATION

MEMBER'S LAST NAME	MEMBER'S FIRST NAME	MEMBER'S MIDDLE INITIAL	SS # (last 4 digits only) XXX-XX-
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## PREVIOUS / Phone / Email / Address Information

PREVIOUS MAILING ADDRESS	APT #	PREVIOUS HOME PHONE #
CITY	STATE	PREVIOUS WORK PHONE #
PREVIOUS EMAIL		PREVIOUS CELL PHONE #
		PREVIOUS FAX PHONE #

## NEW / Phone / Email / Address Information

NEW MAILING ADDRESS	APT #	NEW HOME PHONE #
CITY	STATE	NEW WORK PHONE #
NEW EMAIL		NEW CELL PHONE #
		NEW FAX PHONE #

## Signature

\_\_\_\_\_  
SIGNATURE (Member or Power of Attorney for Member)

\_\_\_\_\_  
DATE