

BOARD OF PENSIONS AND RETIREMENT
PHILADELPHIA PUBLIC EMPLOYEES RETIREMENT SYSTEM

ADDRESS CHANGE FORM

Dear Pensioner:

Please complete this Change of Address Authorization form with your current resident and mailing address information and return to the Board of Pensions and Retirement. This will ensure proper delivery of important Board documentation.

Name: _____
(Please Print)

Pension Number: _____ Social Security Number: XXX-XX- ____

Telephone Number: _____

Former Resident Address: _____

Apartment Number: _____

City, State, Zip Code: _____

New Resident Address: _____

Apartment Number: _____

City, State, Zip Code: _____

Mailing Address: _____

Apartment Number: _____

City, State, Zip Code: _____

- Properly completed this form and return it in the envelope provided. You may also fax it to 215-496-7420.
- Address changes **will not be processed** without an authorized signature.

Signature Required (Pensioner or Qualified POA)