

SPRINGFIELD FIREFIGHTERS PENSION FUND

**CHANGE OF ADDRESS OR NAME**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

OLD ADDRESS: \_\_\_\_\_

OLD CITY, STATE, ZIP: \_\_\_\_\_

OLD TELEPHONE NUMBER: \_\_\_\_\_

EFFECTIVE DATE FOR NEW ADDRESS: \_\_\_\_\_

NEW NAME IF CHANGED: \_\_\_\_\_

NEW STREET ADDRESS: \_\_\_\_\_

NEW CITY, STATE, ZIP: \_\_\_\_\_

NEW TELEPHONE NUMBER: \_\_\_\_\_

**Please Note: Name change request MUST be accompanied by a court order, marriage certificate, etc.**

\_\_\_\_\_ Hereby authorizes the Springfield  
Pensioner's Name  
Firefighter's Pension Fund to change my address or name for all correspondence (checks, affidavits, etc.)

\_\_\_\_\_  
Signature of Pensioner

**This form must be notarized.**

Notary Stamp

Notary Signature: \_\_\_\_\_ Date: \_\_\_\_\_