

Change of Address Form

Call Retiree Payroll
ext. 6200

(303) 770-3772
in the Denver Metro area

(800) 332-3772
toll free nationwide

email:
RetireePayroll@FPPAco.org

or fax:
(303) 771-7622

- 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. For further information contact FPPA.

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

<p>Check <input checked="" type="checkbox"/> ONLY ONE of the 4 boxes to the right:</p> <p>Effective Date of Change: _____</p>	<p><input type="checkbox"/> Active Member</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"/> Retired Member</p> <p>After filling out this form please mail it to FPPA at the address above.</p>	<p><input type="checkbox"/> Beneficiary</p> <p>After filling out this form please mail it to FPPA at the address above.</p>	<p><input type="checkbox"/> Alternate Payee</p> <p>After filling out this form please mail it to FPPA at the address above.</p>
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MEMBER INFORMATION

LAST NAME (please print)	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	ZIP	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	ZIP	NEW WORK PHONE #
NEW EMAIL			NEW CELL PHONE #
			NEW FAX PHONE #

Signature

If you are making this request as an Attorney-in-Fact under authority of a Power of Attorney, you agree that by signing this document, you make the following representation: I represent to the Fire & Police Pension Association that I am the duly appointed Attorney-in-Fact and that such appointment has not been revoked by the principal.

Signature of Member or Power of Attorney

_____/_____/_____
Date