FPPA | Fire & Police Pension Association of Colorado

# Change of Address Form


**Questions about completing this form?**

**Call Retiree Payroll:**
ext. 6200

**In the Denver Metro area:**
(303) 770-3772

**Toll-free Nationwide:**
(800) 332-3772

**FPPA Address:**
7979 East Tufts Avenue,
Suite 900
Denver, CO 80237

**Email:**
RetireePayroll@FPPAco.org

**Fax:**
(303) 771-7622


This form must be filled out completely and signed below.

**Power of Attorney Information:** If you have a power of attorney for an FPPA member, you must include a copy of the power of attorney (if not already on file) and a state-issued driver's license or ID or a US passport (if one is not already on file) before this form can be processed. Please contact FPPA with any questions.

| Check **ONLY ONE** of the boxes on the right to indicate your current membership status.<br>**Effective Date of Change:** | ☐ **Active Member**<br>Once completed, submit this form to your employer.<br>**Your employer will make the address change through the FPPA payroll reporting system.** | ☐ **Retired Member**<br>After completing this form, please mail it to **FPPA** at the address above. | ☐ **Beneficiary**<br>After completing this form, please mail it to **FPPA** at the address above. | ☐ **Alternate Payee**<br>After completing this form, please mail it to **FPPA** at the address above. |
|---|---|---|---|---|

## MEMBER INFORMATION

| LAST NAME (Please print) | FIRST NAME | MIDDLE INITIAL | SOCIAL SECURITY # (last four digits only) **XXX-XX-** |
|---|---|---|---|
| | | | |

## PREVIOUS Phone / Email / Address Information

| PREVIOUS MAILING ADDRESS | | APT. # | PREVIOUS HOME PHONE NUMBER |
|---|---|---|---|
| | | | |
| CITY | STATE | ZIP CODE | PREVIOUS WORK PHONE NUMBER |
| | | | |
| PREVIOUS EMAIL | | | PREVIOUS CELL PHONE NUMBER |
| | | | |
| | | | PREVIOUS FAX NUMBER |
| | | | |

## NEW Phone / Email / Address Information

| NEW MAILING ADDRESS | | APT. # | NEW HOME PHONE NUMBER |
|---|---|---|---|
| | | | |
| CITY | STATE | ZIP CODE | NEW WORK PHONE NUMBER |
| | | | |
| NEW EMAIL | | | NEW CELL PHONE NUMBER |
| | | | |
| | | | NEW FAX NUMBER |
| | | | |

## SIGNATURE CERTIFICATION

*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the Fire & Police Pension Association that I am the duly appointed Attorney-in-Fact and that such appointment has not been revoked by the principal.*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*