



City of Sunrise – Police Officers’ Retirement System

AS PART OF OUR ONGOING EFFORT TO SECURELY HANDLE INFORMATION TRANSFERS, PLEASE REFRAIN FROM SENDING THIS DOCUMENT BACK VIA UNSECURED EMAIL.

OTHER ALTERNATIVES EXIST TO INCLUDE US MAIL, OR MAKE AN APPOINTMENT TO DROP OFF AT THE OFFICE.

LASTLY, ALSO, PLEASE USE LAST FOUR OF SOCIAL SECURITY NUMBER ONLY.

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CHANGE OF ADDRESS FORM

Effective Date : _____

Member Name: _____

New Information

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Cellular: (____) _____

E-mail Address: _____

The foregoing information revokes any and all prior data given to the Board of Trustees. I acknowledge that it is my responsibility to notify the Board of Trustees (*or their designee*) should there be any other change(s) in the future that may affect the accuracy of this form.

Member’s signature: _____ Date: _____

Office use only

Updated/Entered By: _____ Date: _____