



# CITY OF SUNRISE, FLORIDA POLICE OFFICERS' RETIREMENT PLAN



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Sunrise, Florida 33325

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## CHANGE OF MEMBER'S NAME FORM

Effective Date : \_\_\_\_\_

### Member's Former Name

Please Print: \_\_\_\_\_

### Member's New Name

Please Print: \_\_\_\_\_

(Check Box) I have attached a legal document(s) that attests to such change.

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

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#### Office Use Only

Updated/Entered By: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Bank Representative Notified (if applicable)

Date: \_\_\_\_\_