

CITY OF HOLLYWOOD EMPLOYEES' RETIREMENT FUND

CHANGE OF NAME AND/OR ADDRESS NOTIFICATION

Please change the following information to my pension and insurance records:
(check all that apply and PRINT or TYPE the information)

Note: Pursuant to Section 119.071(5)(a)2., Florida Statutes, your social security number is requested for the purpose of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; the processing of retirement benefits; verification of retirement benefits; income reporting; or other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes.

My name currently on record: _____

My Social Security Number: _____

My E-Mail Address (if applicable): _____

New Name: _____

Note: You must attach a copy of your new Social Security card to effect a name change.

New Permanent Address **OR** I am returning to this Permanent Address:

Care Of (if applicable): _____

Street or PO Box: _____

City, State, Zip: _____

I am going to the following Temporary Address:

Care Of (if applicable): _____

Street or PO Box: _____

City, State, Zip: _____

Name the State in which you maintain Permanent Residency: _____

New Telephone Numbers: Home: _____

Cell: _____ Work: _____

Effective Date of the Change(s): _____

Member Signature

Date Signed

Mail form to: Employees' Retirement Fund
c/o Lisa Castronovo, Pension Coordinator
PO Box 229045
Hollywood, FL 33022-9045
(954)921-3333; (954)921-3332 (Fax)
lcastronovo@hollywoodfl.org

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