



Change of Information Form

INSTRUCTIONS:

This Form is for Members who request to change demographic information on their pension account.

If you are a Representative/ Agent under the Power of Attorney or Guardianship for this member, you must attach a copy of your legal document, unless previously provided and on file with our office.

STEP 1

Complete the form by typing or printing in ink, then sign and date it.

STEP 2

Submit your form with supporting documents:

A) IN PERSON

During business hours,
Monday-Friday
8:00 AM – 4:00 PM

B) FAX to:

(813) 274-7289

C) MAIL to:

General Employees'
Retirement Fund
306 E Jackson St, 7N
Tampa, FL 33602

NOTE:

Forms are processed mid-month. Any forms received after the 15th of each month will be processed the following month.

PART A. MEMBER INFORMATION

Member Name: _____ Last 4 Digits of Social Security: _____

Check Changes: Address Phone Email Name Effective date for change: _____

PART B. ADDRESS CHANGE

PREVIOUS ADDRESS: _____

NEW ADDRESS: _____

PART C. PHONE AND/OR EMAIL CHANGE

PREVIOUS PHONE NUMBER: _____

NEW PHONE NUMBER: _____

ADDITIONAL/ALTERNATE PHONE NUMBER(S): _____

PREVIOUS EMAIL: _____

NEW EMAIL: _____

PART D. NAME CHANGE/MARITAL STATUS CHANGE: (Please provide driver's license, social security card, marriage license, divorce decree, death certificate, or other legal document giving reason for legal name change)

PREVIOUS NAME: _____

NEW NAME: _____

PART E. CERTIFICATION

I hereby authorize the General Employees' Retirement Fund to update my information as provided above.

I am the Member.

I am an Agent under the Power of Attorney or Guardianship, and proof is: on file or attached.

Signature

Date