

Date: _____

Ms. Madelene L. Klein
Executive Director
General Employees Retirement System
of the City of Pompano Beach
2255 S. W. 2nd Street
Pompano Beach, Florida 33069

Re: Name: _____
Social Security # _____

Dear Ms. Klein:

This is to inform you of my new address, effective immediately:

Name: _____

Address: _____

City: _____

State: _____ Zipcode: _____

Phone # _____

E-Mail Address: _____

Please make the necessary changes to your records.

Thank you.

Sincerely,

Signature

Complete and Mail this form to:
City of Pompano Beach
General Employees Retirement System
2255 S. W. 2nd Street
Pompano Beach, FL 33069