



**CHANGE OF ADDRESS**

RETIREE'S NAME: \_\_\_\_\_  
(Please Print Name)

**NEW INFORMATION**

EFFECTIVE DATE: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_

CELL PHONE: ( ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**The foregoing information revokes any and all prior data provided to the Board of Trustees. I acknowledge that it is my responsibility to notify the Board of Trustees in writing, should any change be necessary in the future that would affect the information set forth in this form.**

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

DATED: \_\_\_\_\_

Return your completed election to:

North Miami Retirement Systems  
12000 Biscayne Boulevard, Suite #508  
Miami, Florida 33181 Fax: 305-853-9090  
pension@northmiamifl.gov