CHARLOTTE FIREFIGHTERS' RETIREMENT SYSTEM

428 East Fourth Street • Suite 205 • Charlotte, North Carolina • 28202• (704) 626-2728 • Fax (704) 626-7365

To change your address, please complete the following information. Please be sure to sign and date the form. Return your completed form to the address above. Your requested change will occur in the next available payroll process upon receipt of completed form.

Date:					
Retiree Name: (ple	ease print)				
Retiree SSN (last 4	digits):				
Old Address Street:	1	CHARLOT	2		
City, State, Zip	Code:		AL.		
New Address Street:		1947 SYSTEM			
City, State, Zip	Code:	2121FW	111		
Is this a temporary (If temporary, your tax filing remain the same as the old	state will	Yes No (please circle	e one)	
Phone Number (h	ome):				
Phone Number (c	ell):				
Effective Date:					
Retiree's signatur	e:				
For Office Use Only:	USBank City HR CFD HR Recon		IPAS Scan Upload K drive	0000	