	THE RETIREMENT BOARD	THIS SPACE FOR OFFICE USE ONLY
	of the FIREMEN'S ANNUITY AND BENEFIT FUND	
	OF CHICAGO Suite 300	File #
	20 S. Clark Street (312) 726-5823 Fax: (312) 726-2316 Chicago, IL 60603-1896 (800) 782-7425 <u>http://www.fabf.org</u>	Company:
ANNUITANT MEMBER CHANGE OF ADDRESS FORM		
NAME OF AND	IUITANT:	
OLD ADDRESS	3:	
	(apartment, unit number)	
	(city, state, and zip code)	
NEW ADDRES	S:	
	(apartment, unit number)	
	(city, state, and zip code)	
TELEPHONE:		
**DATE NEW	ADDRESS IN EFFECT:	
ANNUITANT'S SIGNATURE:_	5	
SOCIAL SECU	RITY #:	
****	**************************************	*****
	THIS FORM BY THE 20 th OF THE MONTH FOR THE CHANGE TO BE IN OF THAT MONTH.	EFFECT WITH THE

* WE MUST

CHECK AT

^{*} CHECKS ARE DATED FOR THE LAST DAY OF THE MONTH, SO YOU SHOULD RECEIVE YOUR CHECK ON OR AROUND THE 1ST OF THE FOLLOWING MONTH. - I.E. - THE CHECK DATED JANUARY 31, 20XX YOU SHOULD RECEIVE SOMETIME AROUND THE FIRST FEW DAYS OF FEBRUARY.

^{*} YOU MUST KEEP THIS OFFICE INFORMED, IN WRITING AND AT ALL TIMES, OF ANY CHANGES OF ADDRESS, EVEN IF YOUR CHECK IS DIRECT DEPOSIT