

FULTON COUNTY SCHOOLS EMPLOYEES' PENSION

6201 Powers Ferry Road • Atlanta, GA 30339 • Phone (470) 254-0102 • Fax (866) 500-9747



Change of Address Form

To Be Completed by Member -- please print clearly or type all information.

Member Social Security Number

Last Name

First Name

M.I

Previous Address

Your Information

Please print clearly or type all personal information. Incomplete information will delay the processing of your retirement benefit.

Address

City

State

Zip Code

Daytime Phone Number

Evening Phone Number

Current Address

Your Information

Please print clearly or type all personal information. Incomplete information will delay the processing of your retirement benefit.

Address

City

State

Zip Code

Daytime Phone Number

Evening Phone Number

Your Signature

I certify that the information contained in this document has been filled out by myself and that the changes made will be effective on the date this form is received in Pension Services and revokes any prior information on file.

Signature

Date

Before mailing this form, please be sure to:

- Fill out completely. Incomplete forms will be returned to you and not processed.
- Sign and date the form.
- Your records will be updated when the correct, completed form is received in Pension Services.
- Completing this form revokes any prior information on file.