

Florida Retirement System Pension Plan
Address Change Request
for Those Receiving a Monthly Benefit

**DIVISION OF RETIREMENT
RETIRED PAYROLL SECTION
PO BOX 3090
TALLAHASSEE FL 32315-3090**

FAX: (850) 410-2010

I am notifying you of my change of address. I understand that for security purposes, I should complete this form with my signature and submit it to the Retired Payroll Section. Please use my current address listed below for any future mailings (including forms, newsletters, etc.). I understand that changing my address on this form DOES NOT CHANGE my Direct Deposit information on file.

My Social Security Number: _____ (Last 4 digits)

My Name: _____

My old Mailing Address:

My current (or new) Mailing Address:

My current (or new) Telephone Number: _____

My Signature: _____ Date: _____

PLEASE FAX OR MAIL TO THE RETIRED PAYROLL SECTION ADDRESS LISTED ABOVE.

FOR QUESTIONS, PLEASE CONTACT:

**Retired Payroll Section
Toll-free: (844) 377-1888
Local Telephone: (850) 907-6500
Email:
Retirement@dms.myflorida.com
Website: www.frs.myflorida.com**