



CITY OF BOYNTON BEACH MUNICIPAL FIREFIGHTERS PENSION TRUST FUND



Change of Address Form

Effective Date : _____

Member Name: _____

New Information

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cellular: _____

E-mail Address: _____

The foregoing information revokes any and all prior data given to the Board of Trustees. I acknowledge that it is my responsibility to notify the Board of Trustees (or their designee) should there be any other change(s) in the future that may affect the accuracy of this form.

Member/Retiree's Signature

Date

Return To: City of Boynton Beach Municipal Firefighters Trust Fund
C/O Precision Pension Administration, Inc.
2100 N. Florida Mango Road
West Palm Beach, Florida 33409

Office Use Only

Updated/Entered By: _____ Date: _____

Remember to Visit Us: bbffp.org