



CITY OF STAMFORD
OFFICE OF LEGAL AFFAIRS ~ HUMAN RESOURCES DIVISION
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Pension Benefit Address Change Form for CERF/Custodians

A. Retiree Information

Employee ID	SSN	Union
Last Name	First Name	

B. Old Address

Mailing Address	
City, State, Zip Code	
Telephone Number	Email Address

C. New Address

Mailing Address	
City, State*, Zip Code	<i>*If you have moved to a different state, you will also need to send a new state tax withholding election before this change can be processed.</i>
Telephone Number	Email Address

I now reside in the state of Florida. Please discontinue all state tax withholding applied to my pension benefit.

D. Identity Verification

I have enclosed a copy of my government issued photo ID.

E. Authorization

I authorize Human Resources to change my mailing address from the address noted in section B to the address noted in Section C above. I would like this change to be effective on: _____ / _____ / _____.
mm dd yyyy

Retiree Signature	Today's Date	____/____/____
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