



Georgia Firefighters' Pension Fund

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Web Site: www.gfpf.org

Change of Address

This form is to be used to notify the Fund Office of any changes to your contact information.

This form **Does Not** change your beneficiary. You must complete and submit a Change of Beneficiary form, if needed.

Member Info	(Please Print) Member No: _____ or Social Security No: _____ Last Name: _____ First: _____ Middle: _____
Member Contact Info	(Please Print) Home/Mailing Address: _____ City: _____ State: _____ Zip: _____ Phone(H): _____ Phone(C): _____ Phone(W): _____ Email: _____
Beneficiary Contact Info	<p style="text-align: center;"><i>(This does not change your beneficiary. You must complete and submit a Change of Beneficiary form, if needed.)</i></p> (Please Print) Last Name: _____ First: _____ Middle: _____ Home/Mailing Address: _____ City: _____ State: _____ Zip: _____ Phone(H): _____ Phone(C): _____ Phone(W): _____ Email: _____ Relationship: _____

I hereby request the Georgia Firefighters' Pension Fund to change my contact information as completed above.

Signature of Member or
Surviving Beneficiary

Date