



Georgia Firefighters' Pension Fund

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Change of Address & Beneficiary

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

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	Last Name: _____ First: _____ Middle: _____ Home Mailing Address: _____ City: _____ State: _____ Zip: _____ Phone(H): _____ Phone(W): _____ Phone(C): _____ Social Security No: _____ Date of Birth: ____/____/____ Gender: Male Female Relationship: _____ Email: _____

I hereby designate the above individual as my Named Beneficiary who shall receive any benefits as prescribed by law in the event of my death.

I hereby revoke any and all previously named individuals as my Named Beneficiary.

I further elect to revoke all optional benefits previously selected and filed by me under the Georgia Firefighters' Pension Fund's Election of Optional Benefits document(s).

I hereby request the Georgia Firefighters' Pension Fund to take the action set forth in this form.

Signature of Member

Date

Sworn to and subscribed before me
this _____ day of _____, _____.

Signature of Notary Public & Seal

My Commission Expires On

Must Submit Original Forms, Fax Copies Not Accepted