



City of Atlanta

<p>Check One</p> <p><input type="checkbox"/> Atlanta Bd. of Education</p> <p><input type="checkbox"/> Firefighters</p> <p><input type="checkbox"/> General Employees</p> <p><input type="checkbox"/> Police Officers</p>

**Defined Benefit Pension Funds
Change of Address Form
(Must be Notarized)**

Return Form to:
City of Atlanta
Department of Finance – Pension Office
55 Trinity Avenue, S. 1600
Atlanta, Georgia 30303-3534
404.330.6260

Section 1 – Participant Information (please print)

Last Name: _____ First Name: _____ Middle Initial: _____

Social Security: _____ Phone Number: _____

Section 2 – Old Address

_____/_____/_____/_____
Street City State Zip Code

Section 3 – New Address

_____/_____/_____/_____
Street City State Zip Code

Section 4 – Required Signature

Signature _____

Date _____

Important Note

If you would like your pension check to be prepared for direct deposit, please request a Pension Direct Deposit Authorization Form from the Pension Office.

Section 5 – Notary Documentation

Notary Signature: _____

Date: _____

Notary Stamp/Seal: