



# Town of Davie Police Pension Plan

## 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

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ / \_\_\_\_ / \_\_\_\_ by  
Date

\_\_\_\_\_, who is personally known to me or who has  
(Name of person acknowledging)

produced \_\_\_\_\_ as identification and did (did not) take a oath  
(Type of identification)

\_\_\_\_\_  
Notary Public

**Return To:** **Town of Davie Police Pension Plan**  
**C/O Precision Pension Administration, Inc.**  
**13790 NW 4 Street, Suite 105**  
**Sunrise, Florida 33325**

\_\_\_\_\_  
**Office use only**

Updated/Entered By: \_\_\_\_\_ Date: \_\_\_\_\_