

TOWN OF DAVIE POLICE PENSION PLAN

C/O Precision Pension Administration, Inc.

13790 NW 4th Street, Suite 105

Sunrise, Florida 33325

Phone: 954.636.7170

Toll Free Fax: 866.769.0678

AS PART OF OUR ONGOING EFFORT TO SECURELY HANDLE INFORMATION TRANSFERS, PLEASE REFRAIN FROM SENDING THIS DOCUMENT BACK VIA UNSECURED EMAIL.

OTHER ALTERNATIVES EXIST TO INCLUDE US MAIL, FAX (NUMBER CITED ABOVE), OR MAKE AN APPOINTMENT TO DROP OFF AT THE OFFICE.

LASTLY, ALSO, PLEASE USE LAST FOUR OF SOCIAL SECURITY NUMBER ONLY.

THANK YOU



Town of Davie Police Pension Plan

CHANGE OF MEMBER'S NAME FORM

Effective Date : _____

Member's Former Name

Please Print: _____

Member's New Name

Please Print: _____

(Check Box) I have attached a legal document(s) that attests to such change.

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's Signature

Date

State of _____ County of _____

The foregoing instrument was acknowledged before me by means of:

- physical presence or
- online notarization

this ____/____/____ by _____, who is personally known to me
(date) (name or person acknowledging)

or who has produced _____ as identification and did (did not) take an 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: _____

Bank Representative Notified (if applicable) _____

Date: _____