



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

Office Use Only

Updated/Entered By: _____

Date: _____

Bank Representative Notified (if applicable)

Date: _____