

CITY OF ATLANTA PENSION FUND

CHANGE OF ADDRESS FORM

NAME: _____

TELEPHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

OLD ADDRESS: _____

NEW ADDRESS: _____

PLEASE RETURN THIS FORM TO:

**Administrative Services, Inc.
2187 Northlake Parkway
Suite 106, Building 9
Tucker, GA 30084-4149**

Signature: _____

Date: _____

*** If you would like your pension check direct deposited, please request a Pension Direct Deposit Form from the pension office. **Change of address form must be notarized.**

Sworn to and subscribed before me
This the _____ day of _____, 2008

Notary