

# Change of Address Form

Questions about completing this form?

Call Retiree Payroll ext. 6200

(303) 770-3772 in the Denver Metro area

(800) 332-3772 toll free nationwide

**FPPA**  
5290 DTC Parkway  
Suite 100  
Greenwood Village,  
Colorado 80111-2721

**email:**  
RetireePayroll@FPPAco.org

**or fax:**  
(303) 771-7622

- This form must be filled out completely and signed below.
- **Power Of Attorney Information:** If you have power of attorney for an FPPA member, you must include a certified copy\* of the power of attorney documents before this form can be processed. For further information contact FPPA.  
\* A copy that is compared to the original document and attested to by a notary.

<p>Check <input checked="" type="checkbox"/> <b>ONLY ONE</b> of the 4 boxes to the right:</p> <p>Effective Date of Change: _____</p>	<p><input type="checkbox"/> <b>Active Member</b></p> <p>After filling out this form submit the form to your Employer. <b>Your Employer will make the address change through the FPPA payroll reporting system.</b></p>	<p><input type="checkbox"/> <b>Retired Member</b></p> <p>After filling out this form please mail it to <b>FPPA</b> at the address above.</p>	<p><input type="checkbox"/> <b>Beneficiary</b></p> <p>After filling out this form please mail it to <b>FPPA</b> at the address above.</p>	<p><input type="checkbox"/> <b>Alternate Payee</b></p> <p>After filling out this form please mail it to <b>FPPA</b> at the address above.</p>
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## MEMBER INFORMATION

LAST NAME (please print)	FIRST NAME	MEMBER'S MIDDLE INITIAL	SS # (last 4 digits only) XXX-XX-
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## PREVIOUS / Phone / Email / Address Information

PREVIOUS MAILING ADDRESS		APT #	PREVIOUS HOME PHONE #
CITY	STATE	ZIP	PREVIOUS WORK PHONE #
PREVIOUS EMAIL			PREVIOUS CELL PHONE #
			PREVIOUS FAX PHONE #

## NEW / Phone / Email / Address Information

NEW MAILING ADDRESS		APT #	NEW HOME PHONE #
CITY	STATE	ZIP	NEW WORK PHONE #
NEW EMAIL			NEW CELL PHONE #
			NEW FAX PHONE #

## Signature

*If you are making this request as an Attorney-in-Fact under authority of a Power of Attorney, you agree that by signing this document, you make the following representation: I represent to the Fire & Police Pension Association that I am the duly appointed Attorney-in-Fact and that such appointment has not been revoked by the principal.*

\_\_\_\_\_  
Signature of Member or Power of Attorney

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date