

**Florida Retirement System Pension Plan  
Address Change Request  
for Those Receiving a Monthly Benefit**

**DIVISION OF RETIREMENT  
RETIRED PAYROLL SECTION  
PO BOX 9000  
TALLAHASSEE FL 32315-9000**

**FAX: 850-410-2010**

I am notifying you of my change of address. I understand that for security purposes, I should complete this form with my signature and submit it to the Retired Payroll Section. Please use my current address listed below for any future mailings (including forms, newsletters, etc.). I understand that changing my address on this form DOES NOT CHANGE my Direct Deposit information on file.

My Social Security Number: \_\_\_\_\_ (Last 4 digits)

My Name: \_\_\_\_\_

My old Mailing Address:

My current (or new) Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My current (or new) Telephone Number: \_\_\_\_\_

My Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FAX OR MAIL TO THE RETIRED PAYROLL SECTION ADDRESS LISTED ABOVE.**

**FOR QUESTIONS, PLEASE CONTACT:**

**Retired Payroll Section  
Toll-Free: 844-377-1888  
Local Telephone: 850-907-6500  
Email: Retirement@dms.myflorida.com  
Website: www.frs.myflorida.com**