



**MUNICIPALITY OF ANCHORAGE
POLICE AND FIRE RETIREMENT SYSTEM
NOTICE OF CHANGE**



Name (Last Name, First, Middle Initial)	Date of Birth ____/____/____	Social Security Number (last 4) XXX-XX-
Mailing Address	Plan <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	Home Phone Number ()
Permanent or Forwarding Mailing Address (if different from above)		
NOTICE OF ADDRESS CHANGE		
New Address _____ _____ _____	Former Address _____ _____ _____	
NOTICE OF NAME CHANGE		
New Name (please print) _____	Former Name (please print) _____	
Reason: <input type="checkbox"/> Divorce <input type="checkbox"/> Marriage <input type="checkbox"/> Other	Effective Date of Change ____/____/____	
NOTICE OF LEAVE WITHOUT PAY OVER 30 DAYS		
Date Leave is Effective ____/____/____ Actual Return to Service Date ____/____/____	Type of Leave	
I attest that to the best of my knowledge this information is true and accurate.		
Participant's Signature	Date	
Certified by Authorized Agent (Personnel/Payroll Clerk, Police or Fire Dept)	Date	

Return this form to:
Anchorage Police & Fire Retirement System
P.O. Box 196650
Anchorage, AK 99519-6650
Toll Free Number: (877) 650-8400 Local: 343-8400
Fax: (907) 343-8439