



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



| | | |
|--|---|------------------------------|
| Employee Name (Last Name, First, Middle Initial) | Date of Birth ____/____/____ | Social Security Number |
| 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. | | |
| Employee'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