



# Town of Davie Police Pension Plan

## Change of Address Form

Effective Date : \_\_\_\_\_

Member Name: \_\_\_\_\_

### New Information

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cellular: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

The foregoing information revokes any and all prior data given to the Board of Trustees. I acknowledge that it is my responsibility to notify the Board of Trustees (*or their designee*) should there be any other change(s) in the future that may affect the accuracy of this form.

\_\_\_\_\_  
Member/Retiree's Signature Date

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of:

[ ] physical presence or

[ ] online notarization

this \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_, who is personally known to me  
(date) (name or person acknowledging)

or who has produced \_\_\_\_\_ as identification and did (did not) take an oath  
(type of identification)

\_\_\_\_\_  
Notary Public

**Return To:** Town of Davie Police Pension Plan  
C/O Precision Pension Administration, Inc.  
13790 NW 4 Street, Suite 105  
Sunrise, Florida 33325

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### Office use only

Updated/Entered By: \_\_\_\_\_ Date: \_\_\_\_\_