



Town of Davie Police Pension Plan

CHANGE OF MEMBER'S NAME FORM

Effective Date : _____

Member's Former Name

Please Print: _____

Member's New Name

Please Print: _____

(Check Box) I have attached a legal document(s) that attests to such change.

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'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

Office Use Only

Updated/Entered By: _____

Date: _____

Bank Representative Notified (if applicable)

Date: _____