



CHANGE OF ADDRESS FORM

FORM INSTRUCTIONS

If you are a retiree, beneficiary, or a separated member, use this form to change your physical or email address on record.

Active Members must change their address on record with the City of Fort Worth.

Change of address requests can be made on the Member Portal if you are a retiree, beneficiary, or a separated member. Go to <http://www.fwretirement.org> and click on the Member Portal tab.

MEMBER INFORMATION

Member:

SSN:

CFW ID:

First Name, Middle Initial, Last Name

Last 4 digits

Date of Request:

Please Note: Requests received on or before the 10th of the month will take effect the following month.

PREVIOUS ADDRESS / PHONE /EMAIL INFORMATION

Previous Address on File:

Street, Route, or Box Number, and Apt Number

City, State, ZIP Code

Previous Home Phone #:

Previous Cell Phone #:

Previous Email Address:

NEW ADDRESS / PHONE /EMAIL INFORMATION

New Address:

Street, Route, or Box Number, and Apt Number

City, State, ZIP Code

New Home Phone #:

New Cell Phone #:

New Email Address:

MEMBER SIGNATURE

This authorization will remain in effect until a written request is received by FWERF. If you have power of attorney for a FWERF member, please include a full copy of the power of attorney documents.

Signature:

Date: