



CITY OF FORT LAUDERDALE

Venice of America

GENERAL EMPLOYEES' RETIREMENT SYSTEM  
P O Drawer 14250  
Fort Lauderdale, FL 33302

TO: PENSION ADMINISTRATOR

RE: CHANGE OF ADDRESS

Please change your records to reflect my new address as follows:

Name (print) \_\_\_\_\_

Social Security Number \_\_\_\_\_

New Address \_\_\_\_\_

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

This address change is effective as of (date) \_\_\_\_\_

Thank You.

Signature \_\_\_\_\_ Date \_\_\_\_\_