



# CITY OF BOYNTON BEACH POLICE OFFICERS' PENSION FUND



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West Palm Beach, Florida 33409

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## CHANGE OF MEMBER'S NAME FORM

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

### **Member's Former Name:**

\_\_\_\_\_  
Last Name, First Name Middle Name

### **Member's New Name: (Attach Proof)**

\_\_\_\_\_  
Last Name, First Name Middle Name

Member's Former Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Member's New Social Security Number : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*(If Applicable – attach proof)*

Member's Date of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Format: 00/00/0000*

I have attached a legal document(s) that attest to the aforementioned changed. 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

OFFICE USE ONLY

UPDATED/ENTERED BY: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_