

Lauderhill Police Officers' Retirement Plan

C/O Precision Pension Administration, Inc.
13790 NW 4th Street, Suite 105, Sunrise, Florida 33325

Phone: 954.636.7170

Toll Free Fax: 866.769.0678

AS PART OF OUR ONGOING EFFORT TO SECURELY HANDLE INFORMATION TRANSFERS, PLEASE REFRAIN FROM SENDING THIS DOCUMENT BACK VIA UNSECURED E-MAIL.

OTHER ALTERNATIVES EXIST TO INCLUDE US MAIL, FAX (NUMBER CITED ABOVE) OR MAKE AN APPOINTMENT TO DROP OFF AT THE OFFICE

LASTLY, ALSO, PLEASE USE LAST FOUR (4) OF SOCIAL SECURITY NUMBER ONLY

THANK YOU



Lauderhill Police Retirement System

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CHANGE OF 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

Office use only

Updated / Entered by: _____ Date: _____