

# RETIREE PAYROLL MAINTENANCE FORM

City of Jacksonville Retirement System, 117 West Duval Street, Suite 330, Jacksonville, FL 32202

(904) 255-7280 FAX (904) 588-0524

\*\*\*PLEASE TYPE OR PRINT\*\*\*

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SOCIAL SECURITY NUMBER XXX-XX-XXX \_\_\_\_\_ HOME PHONE NUMBER \_\_\_\_\_

OLD STREET ADDRESS \_\_\_\_\_

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

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## CHANGE OF ADDRESS:

EFFECTIVE DATE \_\_\_\_\_

NEW ADDRESS \_\_\_\_\_

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

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## STOP DEDUCTION:

Effective \_\_\_\_\_ I authorize the office of pension and retirement to stop deduction of monies from my pension benefit for the companies listed below. Any discrepancies as to the purpose or amount of these deductions will be settled by me directly with the company.

<u>COMPANY NAME</u>	<u>Code Number</u>	<u>Bi-Weekly Amount</u>
_____	_____	_____
_____	_____	_____

MY SIGNATURE HEREBY AUTHORIZES THE ACTIONS REQUESTED ABOVE WITH REGARD TO MY PENSION BENEFITS.

\_\_\_\_\_  
SIGNATURE OF PENSIONER

\_\_\_\_\_  
DATE