



CHANGE OF ADDRESS FORM (PENSIONERS ONLY)

Name: _____
Last First M.I.

Social Security Number (**Last four digits**): _____

PLEASE CHECK ONE:

☐ Permanent Address Change ☐ Temporary Address Change Expiration Date: _____

California residents may elect to withhold state taxes by completing and mailing a form to withhold taxes from your pension payment. Your California state tax withholdings will be reported on a Form 1099-R. Effective January 1, 2018, LAFPP will no longer withhold state taxes for out of state residents. Any out of state member who was having his or her State taxes withheld before this date will automatically have their status changed to **"Do Not Withhold."**

OLD ADDRESS:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

CHANGE TO (NEW ADDRESS):

Street Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Telephone: _____ Effective Date: _____

(The effective date of your address change cannot be retroactive.)

Member Signature: _____ Date: _____

No digital signatures.

**If you have any questions regarding this form, please contact the
Retirement Services Section at:**

**Los Angeles Fire and Police Pensions
Attn: Retirement Services Section
701 E. 3rd Street, Suite 200
Los Angeles, CA 90013**

**Telephone: (844) 88-LAFPP (52377) or (213) 279-3125
Fax: (213) 628-7716
Email: rs@lafpp.com**