



E-MAIL ADDRESS SUBMIT/CHANGE REQUEST FORM

Name: _____
Last First M.I.

Social Security Number (Last four digits): _____

Date of Birth: ___ / ___ / _____

USE THIS FORM TO:

- Change your MyLAFPP associated E-mail Address
- Add/Update your e-mail address on file with LAFPP

LAFPP will use your e-mail address to provide newsletters, information regarding your pension and other benefits, upcoming LAFPP events, and MyLAFPP associated information (for members who are registered).

Note: Your new e-mail address will replace the e-mail address we currently have on file for you. LAFPP is not responsible for misspelled e-mail addresses.

NEW EMAIL ADDRESS

Primary Email Address: _____ @ _____

Confirm Primary Email Address: _____ @ _____

Member Signature: _____ **Date:** _____

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

Telephone: (844) 88-LAFPP (52377) or (213) 279-3140
Email: amssection@lafpp.com