

# 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 \_\_\_\_\_ HOME PHONE NUMBER \_\_\_\_\_  
XXX-XX-\_\_\_\_\_

OLD ADDRESS \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## CHANGE OF ADDRESS:

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

NEW ADDRESS \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## CHANGE OF DEDUCTION:

Please choose one: \_\_\_\_\_ STOP \_\_\_\_\_ CHANGE

Effective \_\_\_\_\_, I authorize the office of pension and retirement to deduct monies from my pension benefits 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 NO</u>	<u>Bi-Weekly Amount</u>
_____	_____	_____
_____	_____	_____

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

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

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, a Pensioner, of the City of Jacksonville Retirement System, who after being duly sworn under penalty of perjury, upon oath states that they understand the document they are signing will change/stop deductions and/or update their mailing address and that the person signing this form is the person entitled to these pension funds.

\_\_\_\_\_  
Notary Public

My Commission Expires:

Personally Known \_\_\_\_\_ OR Produced Identification (type) \_\_\_\_\_