

CHARTER TOWNSHIP OF REDFORD
POLICE & FIRE RETIREMENT SYSTEM

CHANGE OF ADDRESS

Please change my mailing address to:

Name

Street Address

City, State, Zip Code

(Phone Number)

Signature of Retiree/Beneficiary

Signature of Power-of-Attorney

Date

If this is signed by one who has power of attorney, please provide a copy of the completed Power of Attorney form.