



## CONTACT INFORMATION UPDATE FORM

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NAME OF RETIREE OR BENEFICIARY:

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

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ADD/UPDATE E-MAIL ADDRESS TO:

E-MAIL: \_\_\_\_\_

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ADD/UPDATE PHONE NUMBER(S) TO:

HOME PHONE: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

OTHER: \_\_\_\_\_

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### AUTHORIZATION:

I hereby authorize the Pension Office to update my contact information. This form supersedes any information previously provided.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

To send by e-mail, click      or mail to the address below.

GENERAL EMPLOYEES' RETIREMENT PLAN – PENSION OFFICE  
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