

Date: \_\_\_\_\_

Ms. Peggy Korzen, Executive Director  
**City of Grand Rapids Police and Fire Retirement System**  
233 E Fulton St, Suite 216  
Grand Rapids, MI 49503

Dear Ms. Korzen:

Please update your records with my new address effective immediately. This change is  
(please check one):   \_\_\_Permanent           \_\_\_Temporary \*

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Signed: \_\_\_\_\_

SSN (last 4 digits):                    XXX-XX-\_\_\_\_\_

\*NOTE: This office must also be notified in writing upon your return to your permanent address.

**FOR OFFICE USE ONLY**

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Access database change date \_\_\_\_\_  
Northern Trust change date \_\_\_\_\_   Approved by \_\_\_\_\_ Date \_\_\_\_\_  
Scan Date \_\_\_\_\_           Email to Insurance Services Date \_\_\_\_\_  
W4-P Mail Date \_\_\_\_\_