



RETIREE CHANGE IN NAME/ADDRESS FORM

Fulton County Retirement System
Department of Finance
141 Pryor Street, Suite 7001
Atlanta, GA 30303

Pension Office: (404) 612-7600
Email: pensionunit@fultoncountyga.gov

Retiree Information

Print Legal Name: _____ Soc. Sec. # _____

Address: _____

Email Address: _____ Phone Number: _____

NOTE: To change your name/address, please complete the appropriate section:

Is Georgia your legal State of Residence? () Yes () No**

Address Change

Address Line 1: _____

Address Line 2: _____

City: _____

Zip Code: _____ Telephone Number: () _____

Email Address: _____

Is your mailing address the same as home address? : () Yes () No

****If Georgia is not your legal address, you may consider discontinuing your State Tax deduction by submitting the appropriate form. ****

Name Change

To: First Name: _____

Middle Name: _____

Last Name: _____

Suffix: _____

Effective Date: _____

Note: Please attach a completed Tax Withholding form with a name change.

Information on this form will override any information that was submitted earlier:

Signature _____

Date _____