

THE FIREMEN'S RETIREMENT PAYMENT SYSTEM

PENSION PAYROLL CHANGE REQUEST FORM

MONTH OF _____

SSN: _____
(ONLY LAST FOUR DIGITS)

NAME _____
Last First Middle

FOR ADDRESS CHANGE

ADDRESS _____
STREET

ADDRESS _____
CITY ZIP

FOR DIRECT DEPOSIT CHANGE

RTG# _____ ACCT# _____ TYPE _____
(please attach voided check) (S-savings - C- checking)

FOR TAX CHANGES

DIFFERENCE + / -

FED. TAX CURRENTLY: _____ CHANGE TO: _____

STATE TAX CURRENTLY: _____ CHANGE TO: _____

Comments: _____

Signature

Date

Fax to 314-588-2289 and mail original to: St. Louis Firemen's Retirement System
1601 S. Broadway
St. Louis, Mo. 63104