



## Change of Address Form

Please complete this form in its entirety, sign, and mail or fax to the Fund.

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

CPF ID (or last 4 of SSN): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Are you currently receiving benefits? Yes  No

### OLD ADDRESS INFORMATION

Old Address (Line 1): \_\_\_\_\_

Old Address (Line 2): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

### NEW ADDRESS INFORMATION

Is this a temporary change of address? Yes  No

If Yes: \_\_\_\_\_ to \_\_\_\_\_  
Start Date End Date

New Address (Line 1): \_\_\_\_\_

New Address (Line 2): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Mail to: Central Pension Fund  
4115 Chesapeake Street NW  
Washington, DC 20016

Fax to: (202) 364-2913