



CHANGE OF ADDRESS

FORM 107
(rev. 02/2010)

Chicago Teachers' Pension Fund

203 North La Salle Street, suite 2600 | Chicago, Illinois 60601-1231 | Phone: 312 641 4464 | Fax: 312 641 7185

CHANGE OF ADDRESS NOTIFICATION

Please print or type. Mail or fax to address above.

SECTION 1 – MEMBER INFORMATION

Legal name	first	middle initial	last	suffix	Social Security number
CTPF STATUS (check one) <input type="checkbox"/> Retired <input type="checkbox"/> Active teacher/administrator <input type="checkbox"/> Inactive member					

SECTION 2 – NEW ADDRESS INFORMATION (permanent address)

street			apt. or unit no.		
city	state	zip	country		

SECTION 3 – MAILING INSTRUCTIONS (if same as permanent address, leave this section blank)

Address type (check the address type that applies): **mailing address** **temporary (snowbird)**

street			apt. or unit no.		
city	state	zip	country		

If this address is a temporary change, please provide beginning and ending dates:

effective beginning date	ending date
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SECTION 4 – CONTACT INFORMATION (please provide all that apply)

Telephone	home	cell
snowbird	home	e-mail

Signature	Date
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