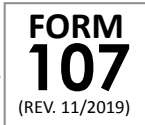




Chicago Teachers' Pension Fund

# ADDRESS CONFIRMATION/UPDATE

425 S. Financial Place, Suite 1400 | Chicago, IL 60605-1000  
312.641.4464 | Fax 312.641.7185 | www.ctpf.org



Please complete this form to verify your current address and contact information with CTPF.

## SECTION 1 – MEMBER INFORMATION

|                   |      |      |                         |
|-------------------|------|------|-------------------------|
| Legal Name: First | M.I. | Last | Last four digits of SSN |
|-------------------|------|------|-------------------------|

CTPF Status (check one)     Retired                       Active teacher/administrator                       Inactive member

|                 |      |                      |
|-----------------|------|----------------------|
| Telephone: Home | Cell | Birthdate (mm/dd/yy) |
|-----------------|------|----------------------|

Email

---

## SECTION 2 – PERMANENT HOME ADDRESS (P.O. Box addresses not acceptable)

|                 |                  |
|-----------------|------------------|
| Address: Street | Apt. or Unit No. |
|-----------------|------------------|

|      |       |     |         |
|------|-------|-----|---------|
| City | State | Zip | Country |
|------|-------|-----|---------|

Effective Date:

---

## SECTION 3 – OTHER MAILING ADDRESS

Complete this section if you want your mail sent to a location other than your permanent address. If your preferred mailing address is your permanent address, leave this section blank and sign below.

Mailing Address Type (check the address type that applies):     permanent address                       temporary address

|                 |                  |
|-----------------|------------------|
| Address: Street | Apt. or Unit no. |
|-----------------|------------------|

|      |       |     |         |
|------|-------|-----|---------|
| City | State | Zip | Country |
|------|-------|-----|---------|

If this address is a temporary change, please provide effective dates:

|                 |              |
|-----------------|--------------|
| Beginning date: | Ending date: |
|-----------------|--------------|

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|