



**CITY OF OCALA RETIREMENT SYSTEM CONTACT
INFORMATION UPDATE FORM**

Retiree/Beneficiary Name: _____ Date of Birth: _____

Are you a currently drawing a pension benefit? Yes _____ No _____

Will you draw a pension benefit in the future? Yes _____ No _____

Mailing

Address: _____

Phone Number: _____

Email Address: _____

By signing below, you authorize the City of Ocala Pension Department to update the information listed above.

Signature

Date

OFFICIAL USE ONLY

Received: _____ Updated: _____ Updated By: _____

Reviewed: _____ Reviewed By: _____