CHANGE OF ADDRESS FORM

*** PLEASE PRINT LEGIBLY ***					
MEMBER'S					
NAME					
LAST 4 OF		JPDBF		JSO ID#	
SSN		ACCOUNT#			
NEW					
ADDRESS					
CITY / STATE /					
ZIP					
TELEPHONE					
NUMBER					
EMAIL					
ADDRESS					
MEMBER				DATE	
SIGNATURE				DATE	

MAIL TO THE FUND ADMINISTRATOR:

JACKSONVILLE POLICE DEATH BENEFIT FUND, INC
C/O DAVID NUSSBAUM III
6919 LA MESA DRIVE WEST
JACKSONVILLE, FL 32217

OR

SEND VIA INTEROFFICE MAIL TO:

SGT. DAVID NUSSBAUM III - TRAFFIC ENFORCEMENT / WEST

ANY QUESTIONS, PLEASE CALL: 904-509-1305

