



Birmingham Retirement Systems

City of Birmingham Retirement & Relief System City of Birmingham Firemen's & Policemen's Supplemental System

Strong, Solid, Stable . . . for your secure future

Office of Payroll & Pension Administration
710 North 20th Street, Room 189 City Hall
Birmingham AL 35203
Phone (205) 254-2146 Fax (205) 254-2315

Personal Status Update Form

So that our pension plans can be administered efficiently and effectively, it is important that you keep us informed of changes in family status such as marriage, birth or adoption of children, deaths in the family, and divorce. You are required to update your status using this form annually, or when changes in your status occur. Please be sure to sign and date the back page of this form before returning to the Office of Payroll & Pension Administration.

Personal Information:

Your Name _____

Your Lawson System ID# or Social Security Number _____ Date of Birth _____

Marital Status: Married Single Divorced Widowed Separated

Type of Retirement Benefit You Are Receiving: R&R Service Retirement Supplemental Service Retirement

Ordinary Disability Extraordinary Disability Survivor's Pension Dependent Child

Your Home Address _____

City State Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

PLEASE COMPLETE ANY APPLICABLE SECTIONS *(Any information should reflect any changes in your status since you retired or began receiving City of Birmingham pension benefit payments.)*

Marriage:

Spouse's full legal name _____

Gender: Male Female

Spouse's Social Security Number _____ Spouse's Date of Birth _____

Date of Marriage _____ State _____

Spouse's name prior to marriage (if applicable) _____

Your name prior to marriage (if applicable) _____

Death:

Retiree/Pensioner Spouse Dependent Child

Name _____

Age (if child) _____ Date of Birth _____ Date of Death _____

Personal Status Update Form *(Continued)*

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Birth or legal adoption of a child:

Birth Legal adoption

Your child's full name _____

Child's date of Birth _____ Date of legal adoption as shown adoption papers _____

If adoption proceedings are pending, likely completion date _____

Divorce

Ex-Spouse's Name _____

Date divorce finalized _____

Power of Attorney / Guardian / Conservator Appointed

Name of POA, Guardian or Conservator _____

Date Executed _____ Relationship to Pensioner _____

Daytime Phone Number _____

Please submit supporting documentation for the changes above. For example:

Marriage Certificate

Death Certificate

Birth Certificate

Divorce Decree*

Adoption Certificate

POA, Letters of Administration or Conservatorship, etc.

**Please note that we are requesting a divorce decree for the sole purpose of verifying the divorce and not for any other reason.*

Signature of Person Completing This Form

Date

Printed Name of Person Completing This Form

Please submit completed form and supporting documentation to:

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