



Los Angeles Police Retirement Benefit
and Insurance Association, Inc.

Personal Information Change Form

IMPORTANT: If you are changing your name or your dependent's name you must attach a legal document showing the new name such as marriage certificate, LAPD identification card.

Member Information		
New Name	Member Name <i>(First, Middle Initial, Last Name)</i>	SSN or Serial Number
New Residential Address	Residential Address	
New Mailing Address	Mailing Address <i>(Only if it is different from your home address.)</i>	
Cell Phone	Work Phone	Email Address
Previous Name	New Name	
Consent		
<i>I understand that RB&I will not share my personal information with third parties or make it available to the public. I also understand that RB&I may use my personal email address or cell phone to communicate important benefits information to me from time to time.</i>		
Member Signature	Date	

Submit completed form and required documents to:

Benefits@rbandi.org | or mail to 1200 Wilshire Blvd Fifth Floor Los Angeles, CA 90017 | Tel (213) 269-4640