

Address Change Form with Return Address

1. Participant Identification (Required Fields)

Plan Name: **Federal Signal Retirement Plan** Paygroup # : **3010-0177** XXX - XX - Beneficiary
Social Security Number

Payee Name: _____
 Last First MI

2. Address Change Instructions (Required Fields)

Old Address: _____
City: _____ State: _____ Zip: _____

New Address: _____
City: _____ State: _____ Zip: _____

Is this a permanent change? Yes No

3. Notary Public Signature

Subscribed and sworn to before me this ____ day of _____, 20 ____ .

Notary Public: _____ State of _____

Notary Signature: _____ Commission Expires: ____ / ____ / ____

4. Participant Signature

I acknowledge that the above information is true and accurate.

Retiree Signature: _____ Date: ____ / ____ / ____

Retiree Phone Number: _____

Please retain a copy for your records and return the original to:

Federal Signal Corporation
Attn: Pension Administration
1415 West 22nd Street, Suite 1100
Oak Brook, IL 60523