ADDRESS / NAME CHANGE REQUEST

ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION
475 14th Street, Suite 1000 **QIC 22901**
Oakland, CA 94612-1900 **510.628.3000 / 800.838.1932, Press 1**
www.ACERA.org **FAX 510.268.9574**

(Please Print or Type)

Name: _____ Social Security No: XXX-XX-____

Membership Status: ☐ Retired ☐ Deferred

ALL ACTIVE MEMBER ADDRESS CHANGES ARE PROCESSED THROUGH YOUR PERSONNEL/PAYROLL DEPARTMENT.

ACERA requires that any change of address from the Retired/Deferred member be made in writing. In order to keep our files up to date for the purpose of mailing correspondence such as Income Tax Statements and health insurance information to your home address, please complete the information below and return it to ACERA. This form does not change your direct deposit instructions, if applicable.

INDICATE TYPE OF CHANGE: *Check all that apply*

☐ **CHANGE OF ADDRESS**

Retirees who reside outside of California are not required to pay CA state taxes. If you moved outside the state, please submit a revised tax form to update your withholding. To obtain a tax form, go to www.acera.org or contact ACERA.

NEW ADDRESS

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Home Phone Number: ( ) _____

Effective Date: _____ Cell Phone Number: ( ) _____

OLD ADDRESS

Address: _____

City: _____ State: _____ Zip Code: _____

☐ **NAME CHANGE**

If your name has changed due to marriage or dissolution of marriage, please provide the following documentation:

☐ Marriage Certificate ☐ Dissolution Papers

Former Name: _____ (First) _____ (Middle) _____ (Last)

New Name: _____ (First) _____ (Middle) _____ (Last)

Or

_____ **Member Signature** _____ **Date**

_____ **Power of Attorney Signature*** _____ **Date**

ACERA USE ONLY	
Input By:	Date:
Verified By:	Date:
Out of Area: ☐ YES ☐ NO If yes, forward to RS III	

***Must have Power of Attorney Documentation in member's file or submission with this form.**