

ADDRESS/NAME CHANGE REQUEST

ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION

475 - 14th Street, Suite 1000

QIC 22901

Oakland, CA 94612-1900

New Name:

510-628-3000 / 800-838-1932, Press 1

www.ACERA.org FAX 510-268-9574 PLEASE PRINT OR TYPE _____ Social Security No: __XXX-XX-Name: E-mail Address::_____ Cell Phone Number: () Home Phone Number: (____)_____ ALL ACTIVE MEMBER ADDRESS CHANGES ARE PROCESSED Membership Status: Retired Deferred 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 Retirees who reside outside of California are not required to pay CA state CHANGE OF ADDRESS taxes. If you moved outside the state, please submit a revised tax form to A change in **Zip Code** could impact in update your withholding. To obtain a tax form, go to www.acera.org or keeping your medical plan. Please call contact ACERA. **ACERA** for options or inquire with your provider. **NEW ADDRESS** HOME MAILING Address: Address: State/Zip Code: _____ State/Zip Code: Effective Date: Effective Date: OLD ADDRESS KEEP CURRENT **HOME** ADDRESS ON FILE KEEP CURRENT MAILING ADDRESS ON FILE If your name has changed due to marriage or dissolution of marriage, please provide the following documentation: NAME CHANGE Other _____ Marriage Certificate Dissolution Papers Former Name:

Member Signature Power of Attorney Signature* Date

Middle

Middle

Last

Last

First

First

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