

SDCERA is required by law to have your change of address in writing. In order to keep our files up to date, please complete the information below and return promptly.

(Active members: Contact your department payroll representative for change of address.)

Important for retired members: This form does not change your direct deposit instructions.

MEMBER INFORMATION

Name (last, first, middle initial)	
Member status (check one) <input type="checkbox"/> Retired <input type="checkbox"/> Deferred	Social security number
Birth date (mo/day/year)	Daytime telephone number

ADDRESS INFORMATION

SDCERA keeps record of a legal address as well as a mailing address for each member. A PO Box will not be accepted as a legal address. The legal address should be your residence address and is used for health insurance zone verification. The mailing address (if different than your legal address) is the address SDCERA uses to mail quarterly newsletters, monthly earnings statements and other correspondence.

Important: If you do not indicate two separate addresses in this section, the same address will be used for both your legal and mailing address.

LEGAL ADDRESS (RESIDENCE) CANNOT BE A PO BOX	MAILING ADDRESS Check here if same as your legal address <input type="checkbox"/>
Street address	Street address or PO Box
City, State and Zip	City, State and Zip
New telephone number, if applicable	New telephone number, if applicable
Effective date	Effective date

Member signature: _____ Date: _____