

California Public Employees' Retirement System

Address Change Authorization

Section 1
Participant Information

Please include your first name, middle initial and last name.

 Participant's Full Name

 Social Security Number or CalPERS ID

Change Requested

- Update my address for mailing my checks or direct deposit slip
- Change my physical address
- Change my address for mailing other information

Section 2
New Address Information

Please fill in your correct mailing address.

 In Care of (if applicable)

If you have health coverage through CalPERS your mailing address cannot be a P.O.Box

 Address

*If you are changing to a foreign address please provide Province/Territory and Country

P.O. Box	City	State	Zip Code
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Province/Territory*	Country*
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Please include country code if using a foreign telephone number

 Telephone Number

Section 3
Required Signature

Signature and Date are required

 Acknowledgement:

I am a Guardian/Conservator or have Power of Attorney for the person entitled to the allowance. (A copy of Guardian/Conservators/Power of Attorney papers must be on file with CalPERS before an address change will be completed.)

 Signature

 Date (mm/dd/yyyy)