



STANISLAUS COUNTY  
EMPLOYEES' RETIREMENT ASSOCIATION  
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Modesto, CA 95353-3150

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e-mail: retirement@stancera.org

## CHANGE OF ADDRESS FORM

<b>MEMBER</b>	First Name	Middle Name	Last Name
	E-Mail Address (Optional)	Date of Birth	Social Security Number

**Please change my mailing address and telephone number:**

**From:**

<b>OLD ADDRESS</b>	Mailing Address		
	City	State	Zip Code
	Home Telephone Number	Work (or Other) Telephone Number	

**To:**

<b>NEW ADDRESS</b>	Mailing Address		
	City	State	Zip Code
	Home Telephone Number	Work (or Other) Telephone Number	

<b>SIGNATURE</b>	PLEASE SIGN AND DATE THIS FORM, AND RETURN TO THE StanCERA OFFICE.	
	Signature	Date

**Attention Member:**

**Please notify your Department HR or Payroll Clerk of any address change information in addition to submitting this change form to Retirement.**