

Retired/Deferred Member Address Change Form

Section 1	Member Information						
	First Name, Middle Initial, Last Name	Birth Date	StanCERA ID:				
Section 2	Old Address						
Section must be filled out completely.	Mailing Address (including City, State, Zip Code)						
	Home Address (including City, State, Zip Code)						
	Personal Email Address	Primary Phone	Home Cell				

If new address is outside the state of California, an updated state tax withholding form must be submitted.

Section 3	New Address						
Section must be filled out completely.	Mailing Address (including City, State, Zip Code)						
	Home Address (including City, State, Zip Code)						
	Personal Email Address		Prir	nary Phone	Home	Cell	
	Is this change temporary?	Yes	No	Reactivate Old Addres	ss On:		

Retirees will need to update the following individual agencies if applicable:

- RESCO: (209) 521-1666 <u>contact@rescotoday.org</u>
- RESCO Insurance/Pacific Group Agencies: (800)511-9065 insurance@rescotoday.org
- Stanislaus County Risk Management: (209) 525-5717 <u>earlyretirees@stancounty.com</u>

Section 4 Member Signature

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I authorize StanCERA to update my confidential information. I understand StanCERA does not withhold state taxes outside of California and will submit an updated state withholding form if applicable. StanCERA is not responsible for your information once it has been provided to the above agencies.

Member Signature	Member Name	Date Signed

