Benefit Services Division
P.O Box 942716
Sacramento, CA 94229-2716
Telecommunications Device for the Deaf – (916) 795-3240
(916) 795-3848; (800) 352-2238; Fax (916) 795-3933

☐ Send me information about the Electronic Fund Transfer program. This request does not constitute an agreement on my part to enroll in this program.

ADDRESS CHANGE AUTHORIZATION

NAME (Please Print or Type) _____

Social Security Number _____

PLEASE INDICATE THE CHANGE(S) YOU ARE REQUESTING

☐ Change address for mailing my warrant/s (check/s).

☐ Change address for mailing other information.

PLEASE FILL IN YOUR CORRECT MAILING ADDRESS

In Care of (if applicable) _____

Mailing Address _____

City _____ State _____ Zip Code _____

IF YOU WOULD LIKE YOUR WARRANT(S) MAILED TO YOUR FINANCIAL INSTITUTION, PLEASE FILL IN THE INSTITUTION'S MAILING ADDRESS

Name of Institution _____ _____
Deposit Account Number

Mailing Address _____

City _____ State _____ Zip Code _____

SIGNATURE OF PAYEE _____

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

Telephone number of person signing change request: (_____) _____