



ADDRESS CHANGE

Complete and return this form to MCERA. We will change our records to reflect the new address you indicate below.

(PLEASE PRINT)

SSN: _____ EMPLOYEE ID NO.: _____

NAME: _____
LAST FIRST

OLD ADDRESS: _____
STREET

CITY / STATE / ZIP

TELEPHONE NUMBER

NEW ADDRESS: _____
STREET

CITY / STATE / ZIP

TELEPHONE NUMBER

OPTIONAL: By checking this box, I hereby authorize the Marin County Employees' Retirement Association (MCERA) to release only my name and current mailing address and no other personal information to the Marin County Retired Employees' Association (MCREA). This authorization shall remain in effect unless and until I notify MCERA in writing that I wish to revoke this authorization.

SIGNATURE: _____ DATE: _____