

**Change of Address**

SDCERA is required by law to have your change of address in writing. In order to keep our files up to date, please complete the information below and return this completed, original form to SDCERA promptly.

**Active members:** Contact your department payroll representative for change of address.

**Retired members:** This form does not change your direct deposit instructions. Also, if you have moved out of state, you may want to change your tax elections. Refer to our *Tax Election for Monthly Retirement Benefit* form available at [www.sdcera.org](http://www.sdcera.org) or from SDCERA.

**MEMBER INFORMATION**

First name	MI	Last name	Social Security number
Birth date (mm/dd/yyyy)	Member status <input type="radio"/> Retired	Check one option <input type="radio"/> Deferred	Daytime telephone number ( )

**ADDRESS INFORMATION**

SDCERA keeps record of a legal street address as well as a mailing address for each member. The legal street address should be your residence address and is used for health insurance zone verification. A P.O. box is not accepted as a legal street address. The mailing address (if different from your legal street address) is the address SDCERA uses to mail quarterly newsletters, monthly earnings statements and other correspondence. The mailing address can be a P.O. box.

If you do not indicate two separate addresses in this section, the same address will be used for both your legal street address and mailing address.

**LEGAL STREET ADDRESS (RESIDENCE) *Cannot be a P.O. box.***

Street address	New telephone number, if applicable ( )		
City	State	ZIP	Effective date (mm/dd/yyyy)

**MAILING ADDRESS**

Check here if your mailing address is the same as your legal street address.

Street address or P.O. box	New telephone number, if applicable ( )		
City	State	ZIP	Effective date (mm/dd/yyyy)

**AUTHORIZATION**

Member's signature required  ..... Date .....

**Return this completed, original form to SDCERA.**