



San Francisco Employees' Retirement System
 1145 Market Street 5th Floor, San Francisco, CA 94103
 Telephone (415) 487-7000, 8 a.m. – 5 p.m. Monday-Friday

Change of Address Request

RETIRED MEMBERS and BENEFIT RECIPIENTS ONLY

1. Member Information and Current Address

Name (First, Middle Initial, Last)	Social Security Number	Daytime Phone Number
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Current Mailing Address (Street Address, Apartment Number)

Current Mailing Address (City, State, Zip Code)

2. Change of Address Information – New Address

New Mailing Address (Street Address, Apartment Number)

New Mailing Address (City, State, Zip Code)

3. California State Tax Withholding Authorization

Moving out of California? *Initial below.*

_____ Continue Withholding California State Taxes

_____ Stop Withholding California State Taxes

4. Effective Date of Change of Address:	(Month Day Year)
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5. Signature and Date

Retired Member/Benefit Recipient Signature	Today's Date
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Make sure that you have completed all five sections above and mail the completed form to:

San Francisco Employees' Retirement System
 1145 Market Street, 5th Floor
 San Francisco, CA 94103

Or you can drop off the completed form at the address above.

**This change applies only to your SFERS record. To also update your Health Service System (HSS) record, contact HSS at sfhss.org.*

SFERS Use Only

Form completed at SFERS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reviewed by: _____	Retirement #: _____
Date Received: _____	Date the Change was Input: _____	Charter Code: _____
Staff: _____	Staff: _____	