



ADDRESS CHANGE

Active Members: Notify your department Personnel Office to make an address change. LACERA will receive your address update from the County.

Retired and Deferred Members: Complete and return this form to LACERA. We will change our records to reflect the new address you indicate below. To change your address by phone, call 1-800-786-6464. You will be asked a few questions to verify your identity.

(Please Print)

Social Security No.: _____

Name: _____
FIRST MIDDLE LAST

Mr. Mrs. Ms. Other _____

Hours Available

Daytime Phone No.: _____

Home Phone No.: _____

Email: _____

Street: _____

City: _____ State: _____ ZIP: _____

Effective Month: _____

FOR RETIREES ONLY: This indicates the month you would like to begin receiving your retirement check or direct deposit receipt at your new address. This form must be received by the 15th of the effective month; otherwise it will not go into effect until the following month.

Signature: **X** _____ **Date:** _____

