



ADDRESS CHANGE FORM

For Retired & Deferred Members

IMPORTANT: Fully complete and return this form to **SJCERA at contactus@sjcera.org** or **220 E. Channel Street, Stockton, CA 95202**. If an incomplete form is returned, a delay in services may occur.

SECTION 1: MEMBER CONTACT INFORMATION

Full Name: _____ DOB: _____

Last Four SSN: _____ Phone: _____

Email: _____

SECTION 2: OLD ADDRESS

Street Address: _____

City: _____ State: _____ Zip: _____

SECTION 3: NEW ADDRESS

Street Address: _____

City: _____ State: _____ Zip: _____

SECTION 4: AUTHORIZATION

I authorize SJCERA to update my address on file and, if I am a member, notify RPESJC and/or DSA/PORAC of my changes.

Signature: _____ Date: _____