



### Address Change Authorization

#### Section 1

#### Participant Information

Please include your first name, middle initial and last name.

Participant's Full Name

Social Security Number or CalPERS ID

#### Change Requested

- Update my address for mailing my checks or direct deposit slip
- Change my physical address
- Change my address for mailing other information

#### Section 2

#### New Address Information

Please fill in your correct mailing address.

In Care of (if applicable)

If you have health coverage through CalPERS your mailing address cannot be a P.O.Box

Address

\*If you are changing to a foreign address please provide Province/Territory and Country

P.O. Box

City

State Zip Code

Province/Territory\*

Country\*

Please include country code if using a foreign telephone number

Telephone Number

#### Section 3

#### Required Signature

Signature and Date are required

#### Acknowledgement:

I am a Guardian/Conservator or have Power of Attorney for the person entitled to the allowance. (A copy of Guardian/Conservators/Power of Attorney papers must be on file with CalPERS before an address change will be completed.)

Signature

Date (mm/dd/yyyy)