



San Francisco Employees' Retirement System  
 1145 Market Street 5<sup>th</sup> 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

<b>4. Effective Date of Change of Address:</b>	(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, 5<sup>th</sup> 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](http://sfhss.org).*

**SFERS Use Only**

Form completed at SFERS:  Yes  No      Reviewed by: \_\_\_\_\_      Retirement #: \_\_\_\_\_  
 Date Received: \_\_\_\_\_      Date the Change was Input: \_\_\_\_\_      Charter Code: \_\_\_\_\_  
 Staff: \_\_\_\_\_      Staff: \_\_\_\_\_