



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
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 myhss.org.*

SFERS Use Only

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