SB cera
San Bernardino County Employees' Retirement Association

348 W. Hospitality Lane, Suite 100
San Bernardino, CA 92408

P: 909.885.7980
E: memberservices@sbcera.org

ADDRESS / NAME CHANGE REQUEST

(Please Print or Type)

Name: _____ Last Four Digits of SSN: _____

Membership Status:
- ☐ Retired / Disabled / Beneficiary / DRO
- ☐ Deferred
- ☐ Inactive

ALL ACTIVE MEMBER ADDRESS CHANGES ARE DONE THROUGH YOUR PERSONNEL / PAYROLL SECTION.

SBCERA requires that any change of address or name be made in writing. In order to keep our files up to date for the purpose of mailing correspondence such as Member Statements, Income Tax Statements and health insurance information to your address, please complete the information below and return to SBCERA. This form does not change your direct deposit instructions, if applicable.

INDICATE TYPE OF CHANGE (Check all that apply)

ADDRESS CHANGE

Old Address:_____

City: _____ State:_____ Zip Code:_____

Phone Number: (_____) _____ -- _____

New Address:_____

City: _____ State:_____ Zip Code:_____

Phone Number: (_____) _____ -- _____

Email Address:_____ Effective Date:_____

NAME CHANGE

If your name has changed due to marriage or dissolution of marriage please provide the following documentation:

- ☐ **Marriage Certificate**
- ☐ **Dissolution Papers**

Former Name:_____ _____ _____
First Middle Last

New Name:_____ _____ _____
First Middle Last

_____ _____
Signature Date

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