NAME/ADDRESS CHANGE REQUEST

FRESNO COUNTY EMPLOYEES' RETIREMENT ASSOCIATION
1111 H Street, Fresno, CA 93721-2515
Phone (559) 457-0681 FAX (559) 457-0318 www.fcera.org

Please Print or Type

Name:_____ Social Security No:_____

E-mail Address: _____

Home Phone:_____ Work Phone:_____ Cell Phone:_____

Membership Status:

- ☐ Retired / Disabled / Beneficiary / DRO
- ☐ Deferred
- ☐ Inactive

ALL ACTIVE MEMBER ADDRESS CHANGES ARE PROCESSED THROUGH YOUR PERSONNEL / PAYROLL DEPARTMENT

☐ **NAME CHANGE**

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

☐ Marriage Certificate ☐ Dissolution Documents ☐ Other

Former Name: _____ _____ _____
First Middle Last

New Name: _____ _____ _____
First Middle Last

☐ **Please send me a Change of Beneficiary Form**

☐ **ADDRESS CHANGE**

FCERA requires that any change of address from the Retired/Deferred member be made in writing. In order to keep our files up to date for the purpose of mailing correspondence such as Income Tax Statements and Direct Deposit Notice forms to your home address, please complete the information below and return it to FCERA. This form does not change your direct deposit instructions, if applicable.

OLD ADDRESS

Address: _____

City: _____ State: _____ Zip Code: _____

NEW ADDRESS

Address: _____

City: _____ State: _____ Zip Code: _____

_____ **OR** _____ _____
Member Signature Power of Attorney Signature* Date

** Must have Power of Attorney Documentation in member's file or submission with this form.*