



**Benefit Services Division**  
 P.O Box 942716  
 Sacramento, CA 94229-2716  
 Telecommunications Device for the Deaf – (916) 795-3240  
 (916) 795-3848; (800) 352-2238; Fax (916) 795-3933

Send me information about the Electronic Fund Transfer program. This request does not constitute an agreement on my part to enroll in this program.

**ADDRESS CHANGE AUTHORIZATION**

**NAME (Please Print or Type)** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**PLEASE INDICATE THE CHANGE(S) YOU ARE REQUESTING**

- Change address for mailing my warrant/s (check/s).
- Change address for mailing other information.

**PLEASE FILL IN YOUR CORRECT MAILING ADDRESS**

In Care of (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**IF YOU WOULD LIKE YOUR WARRANT(S) MAILED TO YOUR FINANCIAL INSTITUTION, PLEASE FILL IN THE INSTITUTION'S MAILING ADDRESS**

Name of Institution \_\_\_\_\_

Deposit Account Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**SIGNATURE OF PAYEE** \_\_\_\_\_

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

Telephone number of person signing change request: (\_\_\_\_\_) \_\_\_\_\_