



## NAME/ADDRESS CHANGE REQUEST

FRESNO COUNTY EMPLOYEES' RETIREMENT ASSOCIATION  
7772 N Palm Ave, Fresno CA 93711

Phone (559) 457-0681 FAX (559) 457-0318 [FresnoCountyRetirement.org](http://FresnoCountyRetirement.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: \_\_\_\_\_

**Please send me a Direct Deposit Form.**

**OR**

Member Signature

Power of Attorney Signature\*

Date

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