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Santa Barbara County Employees' Retirement System

## MEMBER CHANGE OF ADDRESS NOTIFICATION

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

### Previous Address

Address: \_\_\_\_\_

Address Cont: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number:  Home  Cell  Work \_\_\_\_\_

Phone Number:  Home  Cell  Work \_\_\_\_\_

Email Address (home): \_\_\_\_\_

Email Address (work): \_\_\_\_\_

### New Address

Address: \_\_\_\_\_

Address Cont: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number:  Home  Cell  Work \_\_\_\_\_

Phone Number:  Home  Cell  Work \_\_\_\_\_

Email Address (home): \_\_\_\_\_

Email Address (work): \_\_\_\_\_

Effective Date for New Address: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed