

CHANGE OF ADDRESS FORM

Date: _____

PLEASE PRINT ALL INFORMATION

Name Last 4# of Social Security Number

OLD ADDRESS:

Address

City State Zip

TO NEW ADDRESS:

Address

City State Zip

My spouse or registered domestic partner is my beneficiary and I would like for MercedCERA to also update their address. Please initial (_____)

* Tax withholding changes are not updated automatically due to an out of state address change. If moving out of the state of California, a tax withholding change form may need to be submitted to MercedCERA.

Signature

Telephone Number

E-mail Address

MercedCERA USE ONLY

MKEY DATE ENTERED ENTERED BY VERIFIED VIA DATE REVIEWED REVIEWED BY