



Merced County Employees' Retirement Association

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

* 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 withholdings change form may need to be submitted to MercedCERA.

Signature

Telephone Number

E-mail Address

MercedCERA USE ONLY

MKEY

DATE ENTERED

ENTERED BY

DATE REVIEWED

REVIEWED BY