



San Bernardino County Employees' Retirement Association

Address Change

P: 909.885.7980 | E: memberservices@sbcera.org | sbcera.org

Submit this Form:

Mail | 348 W. Hospitality Lane Suite 100,
San Bernardino, CA 92408
Fax | 909.884.1904
Online | SBCERA.org/mySBCERA

SBCERA requires that changes of address be made in writing. Keep in mind that SBCERA must have an accurate address on file for you so we can communicate with you about your account. If you'd like to change your email address, you may do so by logging into your mySBCERA account. Otherwise, you can update your email on this form.

Note: This form cancels and replaces your mailing and emailing address on file.

- If you would like to change your name, you must also submit a Name Change form.
- If you would like to change your Direct Deposit Instructions, you must also submit a Direct Deposit Authorization form.
- If you are submitting this form as a conservator or attorney-in-fact, you are required to submit the documentation that provides such authority (if not on file).
- If you move out of California, please review/update your current state income withholding election. SBCERA cannot withhold state taxes for any state other than California.

Active Members

Do not use this form if you are an Active Member. You are considered an Active Member if you are currently an employee of a participating employer. All Active Member address or name changes are processed through your employer. Updates made through your employer will be transmitted to SBCERA.

Section 1

Information About You

For security and identification purposes, we **require your SBCERA ID number or the last four digits of your SSN.**

Your SBCERA identification number can be accessed in your mySBCERA account.

SBCERA ID or Last Four Digits of SSN		
Last Name	First Name	Middle Initial
Phone Number	Email Address	

Section 2

New Address

Please provide your updated mailing address in this section.

You may also update your new phone number and email address, if applicable.

New Mailing Address		
City	State	Zip Code
New Phone Number	New Email Address	

Section 3

Member Certification

This form will be rejected if this section is not complete.



I hereby request SBCERA to update my address to my account as it is written above.

X _____
Signature of Member **Date**