

**SACRAMENTO CITY EMPLOYEES' RETIREMENT SYSTEM (SCERS)**

**ADDRESS and NAME CHANGE FORM**

Name: \_\_\_\_\_ Last 4 digits of your SSN: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Employee ID: #00 \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_

**ADDRESS CHANGE**

**NEW ADDRESS:**

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address\* \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\* ONLY if you want your checks mailed to a different address than your home address.

**NAME CHANGE**

**CURRENT NAME:**

First: \_\_\_\_\_

Middle: \_\_\_\_\_

Last: \_\_\_\_\_

**NEW NAME:**

First: \_\_\_\_\_

Middle: \_\_\_\_\_

Last: \_\_\_\_\_

Attach a copy of the following documents showing your new name:

- Driver's License or Passport
- Social Security Card

Please change my address and/or name as indicated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NOTE: PLEASE ALSO COMPLETE A NEW EFT FORM IF YOU HAVE A CHANGE IN YOUR DIRECT DEPOSIT.

Please return completed form to the following address:

TEL: 916-808-7478  
FAX: 916-808-5444

Accounting Division  
City of Sacramento, 4<sup>th</sup> Floor  
Sacramento, CA 95814-2604