



www.sbcers.org

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