



**TULARE COUNTY EMPLOYEES'  
RETIREMENT ASSOCIATION**  
136 N. Akers Street  
Visalia, CA 93291  
Phone: (559) 713-2900 Fax: (559) 730-2631

## Change of Address Form

*Note – If you are a current employee, you must change your address directly through your employer.*

NAME: (Print) \_\_\_\_\_

MEMBERSHIP TYPE:  Deferred/Intersystem/Terminated  Refunded (for 1099 purposes)  Retired

EFFECTIVE DATE: \_\_\_\_\_ Last Four of SOCIAL SECURITY NUMBER \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Does this change apply to your beneficiary as well? YES [ ] NO [ ]

OLD ADDRESS: \_\_\_\_\_

\_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

(Signature of the person receiving the benefit, unless a legal Power of Attorney is on file in the Retirement Office.)

**The submission deadline for pension check/acknowledgment changes is the 15th of the month.  
Changes received after the deadline will not take effect until the following month.**

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## Change of Name Form

Former Name: \_\_\_\_\_

New Name: \_\_\_\_\_ Effective Date \_\_\_\_\_

Reason for Change (Marriage, Divorce, etc.) \_\_\_\_\_

**Documentation confirming the change must be provided (Marriage Certificate, Court documents, etc.)**

Would you like a Change (or Designation) of Beneficiary Form? Yes [ ] No [ ]

Signature: \_\_\_\_\_ Date \_\_\_\_\_