



P: 650-599-1234 | E: [samcera@samcera.gov](mailto:samcera@samcera.gov) | [www.samcera.gov](http://www.samcera.gov)

## Address Change Form

Retired & Inactive Members

### Submit This Form:

Mail: 100 Marine Parkway, Suite 125  
Redwood City, CA 94065

Online: [www.mysamcera.gov](http://www.mysamcera.gov)

Fax: (650) 591-1488

### Member Information

Last Name	First Name	Middle Initial
Last Four Digits of SSN		

If your new home address is outside of California, SamCERA cannot withhold state income tax for California or any other state. If your new home address is outside of the United States, please see IRS Form W-4P and DE-4P for information and instructions.

Note: Using this form to change your address with SamCERA does not change it with San Mateo County Human Resources. If you receive County health insurance, please contact their office at (650) 363-1919 or [benefits@smcgov.org](mailto:benefits@smcgov.org) to change your address.

### New HOME Address

Street Address		Apt No.
City	State	Zip Code
Country if Outside of US		

### New MAILING Address *(if different from above)*

Street Address/P.O. Box		Apt No.
City	State	Zip Code
Country if Outside of US		

### Contact Information

Email Address
Phone <input type="checkbox"/> Home <input type="checkbox"/> Cell

Signature	Date
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If the member is unable to sign and you have a Power of Attorney or legal guardianship, please fill out the authorization on the next page.

## Power of Attorney Authorization

If the member is unable to sign and you have a Power of Attorney, please complete.

Power of Attorney Name

Power of Attorney Signature (*print this form and sign*)

Date

**SamCERA requires Power of Attorney documentation to be on file. If your Power of Attorney documentation is not already on file, you must submit the documentation with this form.**