

Address Change Request

AS 0786 (Rev. 4/10)

CALSTRS

California State Teachers' Retirement System
P.O. Box 15275, MS 85
Sacramento, CA 95851-0275
800-228-5453
CalSTRS.com

Instructions

CalSTRS retired members, inactive members and benefit recipients may use this form to change the mailing address to which benefit payments and other CalSTRS correspondence is sent.

If you are a CalSTRS member currently working in the California public school system, you may use this form to change your mailing address. However, you are responsible for informing your CalSTRS employers of your address change. You can also update your address and email online using your *myCalSTRS* account at CalSTRS.com.

Note: If your new address is outside California and you do not submit a new *Income Tax Withholding Preference Certificate*, CalSTRS will discontinue withholding state tax from your benefit. If you are moving from another state to California and do not submit a new *Income Tax Withholding Preference Certificate*, CalSTRS will withhold state tax from your benefit at the rate for married persons with three exemptions.

Check one of the following:

- Change mailing address for CalSTRS correspondence. I do not receive benefit payments at this time.
- Change mailing address for my benefit payments.
- Change my mailing address to the address listed below and continue sending my benefit payments to my financial institution.
- Change my mailing address to the address listed below. My payment is sent to my financial institution and the financial institution account number also needs to be changed. To change the financial institution account information, submit a new *Direct Deposit Authorization* form if your payment is sent by electronic funds transfer.
- Cancel my *Direct Deposit Authorization* and send my payments to the address listed below.
- Other (use back of form for additional space): _____

New Mailing Address (please print)

NAME (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

MAILING ADDRESS

DATE OF BIRTH (MM/DD/YYYY)

()

CITY

STATE

ZIP CODE

HOME TELEPHONE

E-MAIL ADDRESS

I authorize CalSTRS to change my mailing address.



SIGNATURE

DATE (MM/DD/YYYY)

Address changes require the member or benefit recipient's signature. Anyone else signing this form must include legal documentation that gives them authority to sign for the member or benefit recipient.

Allow up to 60 days for an address change to take effect. CalSTRS forms are available online at CalSTRS.com. For more information, call 800-228-5453.

Mall this form to: CalSTRS, P.O. Box 15275, MS 85, Sacramento, CA 95851-0275.



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