

Address Change Request

MS 0786 (Rev. 8/03)

Who Can Use This Form

California State Teachers' Retirement System retired members, inactive members, and benefit recipients can 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 must inform all your CalSTRS employers of this address change.

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

New Mailing Address (please print)

| | |
|--|---------------------------|
| Name | Social Security Number |
| Street | XXXX - XX - |
| City | State Zip Code |
| Telephone Number | E-mail Address (optional) |
| () | |
| I authorize CalSTRS to change my mailing address. | |
| Signature | Date |

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.

Please allow up to 60 days for an address change to take effect. For further information or to request other forms, call the CalSTRS automated telephone system, 1 (800) 228-5453, Option 3.

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