

CHANGE OF ADDRESS REQUEST

Dear Retiree:

Please provide your new address information below and mail or fax it to:

MAIL to: Los Angeles City Employees' Retirement System (LACERS)
360 East Second Street, 2nd Floor
Los Angeles, CA 90012-4207
Attn: Membership Processing Unit

FAX to: (213) 473-7202 – Attn: Membership Processing Unit

Member Name: _____ Social Security #: _____

HOME ADDRESS

Home Address: _____

C/O Trustee: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Effective Date: _____ Phone Number: (____) _____

CORRESPONDENCE ADDRESS
(If different from home address)

Correspondence Address: _____

C/O Trustee: _____

City: _____ State: _____ Zip Code: _____

- Please check the box if you would like your 1099-R mailed to your home address.**
- Please check the box if you would like your 1099-R mailed to your correspondence address.**

Additional Information: _____

Member's Signature: _____ Date: _____