

# Address Change Request

AS 0786 (rev 10/13)

# 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 of California or you are moving from another state to California, you may want to update your California state income tax withholding using your *myCalSTRS* account or the *Income Tax Withholding Preference Certificate* available on CalSTRS.com.

### 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
EMAIL 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.

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



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