

# Address Change Request

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# CALSTRS

California State Teachers' Retirement System  
P.O. Box 15275, MS 85  
Sacramento, CA 95851-0275  
800-228-5453  
916-414-5474 fax  
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're a CalSTRS member currently working in the California public school system, use this form to change your mailing address on file with CalSTRS. However, you're responsible for informing your employer of your address change.

- ✳ For faster processing, use your *myCalSTRS* account to update your address and other contact information, or direct deposit information.

Address changes require the member or benefit recipient's signature. If you're signing this form for someone, you must include legal documentation that gives you authority to sign for that person.

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* form, available on CalSTRS.com.

Allow up to 60 days for an address change to take effect.

NOTE: The security of your CalSTRS account is important to us. When you make a change to your mailing address, we will send you a letter and an email confirming the change. You cannot opt out of receiving these notifications.

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

## Please check all boxes that apply:

- I would like to change my mailing address for all CalSTRS correspondence.
- I would like to receive my benefit payments at this address.
- I would like to receive my 1099-R at this address.

## 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)



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