

# Address Change Request

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# CALSTRS

California State Teachers' Retirement System  
P.O. Box 15275, MS 65  
Sacramento, CA 95851-0275  
**800-228-5453**  
CalSTRS.com

## Instructions

Use this form to change your mailing address and delivery preferences for general CalSTRS correspondence, your monthly benefit payments or your yearly 1099-R form. If you're currently employed in the California public school system, you are 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 your direct deposit information.

Address changes require the member or benefit recipient's signature and signature date. 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.

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

**Submit this completed form by mail to:** CalSTRS, P.O. Box 15275, MS 85, Sacramento, CA 95851-0275, or **fax** it to 916-414-5474.

## Delivery Preferences

You may request to update your mailing address for general CalSTRS correspondence, your monthly benefit payments, your yearly 1099-R form, or all three. **Be sure to read each box carefully, then check all boxes that apply:**

- I would like to update my mailing address for general CalSTRS correspondence. This does not include my monthly benefit payments or my yearly 1099-R tax form.
- I would like to update my mailing address for my monthly benefit payments. I understand that by checking this box, my direct deposit will be canceled, if I have a direct deposit on file.
- I would like to update my address for my yearly 1099-R tax form.

## 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



SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)



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