



# ADDRESS CHANGE

Sonoma County Employees' Retirement Association  
433 Aviation Boulevard, Suite 100, Santa Rosa, CA 95403  
Tel: (707) 565-8100 / Fax: (707) 565-8102  
www.scretire.com

I am (choose one)

- payee
- all others

Please change my address to the following:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Effective date: \_\_\_\_\_

\_\_\_\_\_ XXX-XX-\_\_\_\_\_  
Print Name SSN last 4 digits

\_\_\_\_\_ Date  
Signature

\_\_\_\_\_ Email  
Home phone Cell phone

*For your protection, a signature is required to implement this change.*

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For payees only:

- Do you have health insurance through the County of Sonoma?  Yes  No
- Do you have health insurance through Sonoma Superior Courts?  Yes  No