



*Retired Public Employees of San Joaquin County*

**CHANGE OF ADDRESS FORM**

*(Please print legibly)*

<b>Old Address</b>		
Last, First, MI:		Last four digits of SSN or Member ID#:
Old Mailing Address:	City:	State, Zip:
<b>New Address</b> <i>Please check this box if this includes a name change</i> <input type="checkbox"/>		
Last, First, MI:		Current Phone with area code:
New Mailing Address:	City:	State, Zip:
E-mail address:		
<b>Optional but helpful member information</b>		
Birth date	Department retired from:	

\_\_\_\_\_  
**Member Signature**

\_\_\_\_\_  
**Date**

**RPESJC**  
P.O. Box 8556  
Stockton, CA, 95208-0556  
(209) 466-8556 (Message)