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 www.kcera.org

# Address/Email Change Request Form

KCERA requires changes of address to be made in writing or through your secure KCERA Member Portal account (not applicable to active members). KCERA must have an accurate address and valid phone number on file for you.

**Prior to updating your address, please read the following important information:**

- **Retirees, Survivors, Alternate Payees, Deferred and Reciprocal Members:**  
 Please provide a clear, legible copy of your current driver's license or government-issued ID with this **original signed form**. If you are using a P.O. Box, you must also include a physical address (for our file, not for mailing). Survivors and Alternate Payees are considered Members.
- **Active Members:**  
 If you are currently employed with Kern County or a participating Special District, you are an Active Member and you cannot use this form. Address changes are processed through your employer, not KCERA. Your employer will transmit updates to KCERA.
- **Conservator or Attorney-In-Fact:**  
 If you have not already done so, you must provide KCERA a copy of the legal documentation granting you the authority to make these changes. The documentation must be approved by KCERA's Legal staff prior to any changes being made to the members account.

## Section 1 Member Information

For Security and Identification purposes, we require your **KCERA Member Key or the last four digits of your Social Security Number**.

<b>Member Key:</b>		<b>OR Last Four Digits Social Security:</b>	
Last Name	First Name	Middle Initial	
Phone Number	Email Address		

## Section 2 New Address

Please provide your **updated mailing address**. You may also update your **phone number and/or email address**, if applicable.

New Mailing Address			
City	State	Zip Code	New Phone Number (Cell)
New Phone Number (Home)		New Email Address	

If your **mailing address is a P.O. Box**, you must also provide a physical address for our files.

If P.O. Box Above: Physical Address (Not For Mailing)		
City	State	Zip Code

## Section 3 Certification

This form will be rejected if this section is not completed. You must use blue or black ink.

**I hereby certify that the above information is true and correct and request KCERA to update the address in my account as it is written above.**

X \_\_\_\_\_  
**Signature of Member/Power of Attorney** **Date**

\*Attention Attorneys-in-Fact/Agents: Please sign as designated in your Power of Attorney document. Or, if no provision relating to signature, use: "[Member's name signed] by [agent], his/her attorney in fact"