



Retired **P**ublic **E**mloyees of **S**an **J**oaquin **C**ounty

CHANGE OF ADDRESS FORM

(Please print legibly)

Old Address		
Last, First, MI:		Last four digits of SSN or Member ID#:
Old Mailing Address:	City:	State, Zip:
New Address <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:
Optional but helpful member information		
Birth date	Department retired from:	E-mail address

Member Signature

Date

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