

 <p>CITY OF <b>SAN JOSE</b> CAPITAL OF SILICON VALLEY DEPARTMENT OF RETIREMENT SERVICES</p>	Title	Document No.	Rev.	Page
	<b>CHANGE OF ADDRESS FORM</b>	<b>Form RM-2</b>	<b>06/01/2009</b>	<b>1 of 1</b>

**Name:** \_\_\_\_\_

**Last 4 digits of SSN:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**INSTRUCTIONS:**

1. Please print or type and sign the form. All changes require a signature for processing.
2. Return the form using one of the following methods:
  - a. Mail to: **City of San José**  
**Department of Retirement Services**  
**1737 North First Street, Suite 580**  
**San José, CA 95112-4505**
  - b. Fax to: **(408) 392-6732**
  - c. E-mail scanned document to: **csj\_retirement@sanjoseca.gov**
3. For help with filling out the form, call Accounting on (408) 794-1000, Press 1

**Retiree/Survivor Requests the Following ADDRESS Change(s):**

<b>HOME ADDRESS</b>			
NOTE: In compliance with Federal Law, California income tax is not to be withheld from pension recipients who reside outside of California. If you are moving outside of California, Retirement Services will terminate your California State Income Tax withholdings as of the effective date below. If this is a temporary change or you are <b>NOT</b> changing your legal residency and would <b>NOT</b> like your State of California Personal Income Tax terminated, check the following box:			
<input type="checkbox"/> Continue to deduct State of California Income Taxes.			
<b>If you are currently enrolled in Kaiser Permanente or in the Blue Shield HMO plan, call our office on (408) 794-1000, Press 3, to make certain that your medical coverage will not be affected due to moving out of the service area.</b>			
<b>OLD ADDRESS:</b>			<b>OLD PHONE NO.:</b>
Number	Street	City, State	Zip
<b>NEW ADDRESS:</b>			<b>NEW PHONE NO.:</b>
Number	Street	City, State	Zip

<b>MAILING ADDRESS</b>			
<b>OLD ADDRESS:</b>			
Number	Street	City, State	Zip
<b>NEW ADDRESS:</b>			
Number	Street	City, State	Zip

**Retiree/Survivor**  
**or**  
**POA\* Signature:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

\*Must have Power of Attorney Documentation in member's file or submission with this form.

<b>Department of Retirement Services Use Only</b>	
Input By:	Date: