Oakland Unified School District

Supplemental Annuity Plan for Classified Employees

ADDRESS CHANGE FORM

In order to have verification of your requested address change for our files, please complete the information below and send this form back to the Trust Fund Office. The address change will not take place until the form has been returned to our office and we have the proper authorization, in writing, along with your signature.

I_____, authorize the Trust Fund Office to make
(Please Print Name)

the following change effective as of _____.
(Date of Change)

MY NEW ADDRESS IS:

_____

_____

_____
Telephone Number

_____
Social Security Number

_____
Signature

PLEASE RETURN WITH A COPY OF YOUR PHOTO ID

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