

# California Teachers Association Employees' Retirement Benefits Trust

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## CHANGE OF ADDRESS VERIFICATION FORM

Date\_\_\_\_\_

In order to verify your requested address change for our files, please complete the information below and send this form back to the Plan's Administration Office at the following address:

CTA Employees' Retirement Benefits Plan  
c/o Benesys  
P.O. Box 154  
San Ramon, CA 94583

**PLEASE NOTE:** The address change will not take effect until the Plan's Administration Office receives the completed and signed form.

I, \_\_\_\_\_, authorize the Plan's Administration Office to make the  
(Please Print Name) following change.

effective as of \_\_\_\_\_.  
(Date of Change)

My Old Address Was:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My Current Address is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone #\_\_\_\_\_ Social Security# \_\_\_\_\_

Member Signature: \_\_\_\_\_

All Plan correspondence will be sent to the new address you have listed above as of the effective date listed.