

California Teachers Association Employees' Retirement Benefits Trust

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.