

CHANGE OF ADDRESS REQUEST - ALL MEMBERS

Dear LACERS Member:

Please provide your new address information below. Pursuant to Internal Revenue Service (IRS) Publication 575, "to choose not to have tax withheld, a U.S. citizen or resident alien must give the payer a home street address in the United States or its possessions." Failure to do so will result in your federal income tax withheld at the IRS default exemption of married with three withholding exemptions. A U.S. address for a nominee or an agent to whom the benefits are to be delivered will not be considered as your own address.

Mail to: Los Angeles City Employees' Retirement System (LACERS)
202 W. First Street, Suite 500
Los Angeles, CA 90012-4401
Attn: Membership Processing Unit

Fax to: (213) 473-7202 – Attention: Membership Processing Unit

Member's Name _____ Social Security Number _____

Member's Home Street Address _____ City _____ State _____ Zip Code _____

C/O _____ Effective Date _____

Home Telephone / Cell Telephone _____ Email _____

Please check this box if you would like your 1099-R mailed to your home.

CORRESPONDENCE ADDRESS (If different from home address)

Correspondence Address _____ City _____ State _____ Zip Code _____

C/O _____

Please check this box if you would like your 1099-R mailed to your correspondence.

Member's Signature _____ Date _____

Additional Information: _____

ADA NOTICE

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodations to ensure equal access to its programs, services and activities.