



Retired Public Employees of San Joaquin County

**MEMBER CHANGE OF ADDRESS FORM**

( Please print legibly )

**Previous Address Information**

First Name, Middle Initial, Last Name

Street Address 1

Street Address 2

City

State

Zip Code

Phone Number

**New Address Information**

First Name, Middle Initial, Last Name

Street Address 1

Street Address 2

City

State

Zip Code

Phone Number

\_\_\_\_\_  
Last 4 digits of Social Security Number or  
Member ID Number from RPESJC ID Card \*  
(lower right hand corner)

\_\_\_\_\_  
Today's Date

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

**Optional Member Information**

Birthdate

Dept Retired From

Current E-Mail Address

\* Information used to properly identify the member's electronic record.

P. O. Box 8556  
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