



# MEMBER MAILING ADDRESS CHANGE

**FORM  
301**  
(Rev. 2025)

**Purpose of the form:** Use this form to change your mailing address for your CCCERA accounts. Statements, correspondence, tax information, and benefit payments will be sent to this new address.

**Instructions:**

- Complete the form in blue or black ink.
- **Active Members** (currently working for a CCCERA employer). Do not use this form. You must change your address with your employer. CCCERA will receive address change information directly from your employer.
- **Retirees, Survivors, Divorce Split Payees and Deferred Members** (not currently working for a CCCERA employer). Send the original form to directly to CCCERA; emailed or faxed copies are not accepted.

Full Name		Last 4 of Social Security Number	
Daytime Phone Number (with area code)	Email Address		Employee #
<b>Membership Status (active members <u>cannot</u> use this form and must change their address with their employer):</b> <input type="checkbox"/> Deferred <input type="checkbox"/> Retiree <input type="checkbox"/> Survivor <input type="checkbox"/> Divorce Split Payee			
Old Address	Street or P.O. Box		
	City	State	Zip Code
New Address	Street or P.O. Box		
	City	State	Zip Code
Effective Date of Change – mm/dd/yyyy			
Signature of Member, Payee, or Power of Attorney			Signature Date – mm/dd/yyyy

FOR RETIREMENT STAFF USE ONLY – DO NOT WRITE	
Transaction or Payroll Date – mm/dd/yyyy	
Date – mm/dd/yyyy	Initials