

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.

Member's Name		Social Security Number	
Address	City	State	Zip Code
C/O	Effective Date		
Home Telephone	/	Cell Telephone	Email
<input type="checkbox"/> Please check the box if you would like your 1099-R mailed to your home address.			
Is your correspondence address different from your home address? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>CORRESPONDENCE ADDRESS (If different from home address)</i>			
Address	City	State	Zip Code
C/O			
<input type="checkbox"/> Please check the box if you would like your 1099-R mailed to your correspondence address.			
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.