



Change Request Form

Please complete the *Member Information* section below.

Refer to the *Additional Information and Legal Disclosures* on the following page when completing this form.

Sign and return the form along with a copy of your current U.S. driver's license or state-issued photo ID card.

Address Change

MEMBER INFORMATION (You must fill out this section in its entirety)			
Name (Last, First MI)	Social Security Number — —	Home / Cell Phone	Alternate Phone
Street Address	City	State	Zip
Membership Status: <input type="checkbox"/> Beneficiary <input type="checkbox"/> Deferred <input type="checkbox"/> Retired <input type="checkbox"/> Other: _____	Personal Email Address		

Deposit Change

ELECTRONIC DEPOSIT AUTHORIZATION (Refer to the following page for important legal disclosures)			
Financial Institution Name	Street Address		
City	State	Zip	Bank Account Number
Account Routing Number	Account Type:	<input type="checkbox"/> U.S. Checking *KCERA cannot accommodate foreign financial institutions. <input type="checkbox"/> U.S. Savings *You must provide a voided check or an account verification form.	

Tax Change

FEDERAL & STATE TAX WITHHOLDING ELECTION (Refer to the following page for important legal disclosures)	
If you are receiving <u>more than one</u> retirement check, please indicate the account(s) for which you are making your tax withholding elections. <i>Check one:</i> <input type="checkbox"/> Retiree <input type="checkbox"/> Beneficiary	
Federal Withholding Election	California State Withholding Election
<input type="checkbox"/> <i>No Withholding</i> – DO NOT withhold federal income tax <input type="checkbox"/> <i>Tax Table</i> – Withhold federal income tax according to my filing status and number of allowances as indicated: Filing status: <input type="checkbox"/> Married <input type="checkbox"/> Single Enter number of allowances: _____ <input type="checkbox"/> <i>Tax Table + Extra Amount</i> – Withhold federal income tax according to my filing status and number of allowances, plus the following amount: \$ _____	<input type="checkbox"/> <i>No Withholding</i> – DO NOT withhold state income tax <input type="checkbox"/> <i>Tax Table</i> – Withhold state income tax according to my filing status and number of allowances as indicated: Filing status: <input type="checkbox"/> Married <input type="checkbox"/> Single Enter number of allowances: _____ <input type="checkbox"/> <i>Tax Table + Extra Amount</i> – Withhold state income tax according to my filing status and number of allowances, plus the following amount: \$ _____

Name Change

NAME CHANGE (Refer to the following page for important legal disclosures)	
Former Name	New Name

By signing below, I acknowledge that I have read and understand the Additional Information and Legal Disclosures on the following page and further agree to comply with the terms and conditions associated with this Request.

Member's Signature

Date Signed

***A COPY OF YOUR CURRENT DRIVER'S LICENSE OR STATE-ISSUED ID IS REQUIRED**

***** RETURN ORIGINAL SIGNED FORM -- COPIES WILL NOT BE ACCEPTED *****

Address Change (Deferred and Retired Members)

Important notice for active members: If you are actively employed with Kern County or a participating Special District, you must change your address with your employer.

Electronic Deposit Authorization

I hereby make the following requests and authorizations relating to my periodic benefit payments from the employee benefit plan described below: (1) I request and authorize KCERA to initiate credit entries to my Account indicated on this form; (2) I request and authorize KCERA to initiate debit entries and adjustments for any credit entries made in error to the Account; and (3) I request and authorize the Financial Institution named on the form to credit and/or debit any such entries to the Account.

I understand that KCERA will verify the information provided on the form and, in the absence of a discrepancy or other unusual circumstance, will begin the direct deposit of my benefit payments within 30 days of KCERA's receipt of this form.

In the event of a discrepancy, I understand that I will be required to provide corrected information by completing a new form.

The authority granted by me on this form is to remain in full force and effect until KCERA has received written notification of its termination in such time and in such manner as to afford KCERA and my Financial Institution a reasonable opportunity to act on it. I hereby discharge KCERA from all liability whatsoever for any actions taken by KCERA in accordance with the aforementioned request and authorization.

Federal and State Tax Withholding Election

Your benefit from KCERA is subject to federal and state income taxes. KCERA will withhold funds for federal and California state taxes unless you elect not to have withholdings apply. **If you do not make an election, federal income taxes will be withheld based on the assumed status of married with three allowances, but state taxes will not be withheld.** If you reside outside California, please check with your state's revenue department as to the tax withholding rules of compliance for your state of residence.

Check the appropriate boxes in the Federal Withholding Election and State Withholding Election sections.

Name Change

If you are changing your name because of a marriage or divorce, please provide KCERA with the appropriate legal paperwork confirming the name change (e.g., copy of marriage certificate or domestic relations order).