



Kern County Employees' Retirement Association
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ADDRESS AND/OR DIRECT DEPOSIT CHANGE INFORMATION AND LEGAL DISCLOSURES

Prior to updating your address and/or direct deposit, please read the following important information:

Address Change

Retirees, Survivors, Alternate Payees, Deferred and Reciprocal Members: You **must** provide a copy of your current driver's license or state-issued identification card with the change request. If you are listing a PO Box, per the IRS, you **must** provide KCERA with a physical address as well. KCERA will not use the physical address for mailing purposes. It will merely be kept on file.

Active Members: If you are actively employed with Kern County or a participating Special District, you must change your address with your employer.

Direct Deposit Authorization

The financial institution listed on the following page **must** be held in your name. KCERA is prohibited from assigning your benefit to any other person, for any reason. You **must** provide a voided check or an account verification letter/form from your financial institution that reflects your name, the routing number and bank account number. You **must** also provide a copy of your current driver's license or state-issued identification card with the change request.

KCERA can only deposit into a U.S checking or savings account.

By signing the following Request form, I hereby make the following requests and authorizations relating to my periodic benefit(s) from the employee benefit plan described below:

- (1) I request and authorize KCERA to initiate credit entries to my account indicated on the following form;
- (2) I request and authorize KCERA to initiate debit entries and adjustments for any credit entries made in error to my account;
- (3) I request and authorize the Financial Institution named on the following page to credit and/or debit any such entries to my account.

Address/Direct Deposit Request and Change Form

Last Name: _____ First Name: _____

SSN: _____ MKey: _____

MEMBERSHIP STATUS:

Retiree / Survivor / Alternate Payee (QDRO)

Deferred / Reciprocal

ACTIVE MEMBERS MUST MAKE
ADDRESS CHANGES/CORRECTIONS
THROUGH THEIR DEPARTMENT,
NOT KCERA.

CONTACT INFORMATION (This section must be completed in its entirety)

IS THIS AN ADDRESS CHANGE? Yes No

Mailing Address: _____

City: _____ State: _____ Zip: _____

Mobile Number: _____ Alternate Number: _____

Personal Email Address: _____

If Address above is a PO Box, you must provide a physical address:

Physical Address: _____

City: _____ State: _____ Zip: _____

DIRECT DEPOSIT AGREEMENT

This request is a: New Request Update

KCERA CAN ONLY DEPOSIT INTO A
U.S. CHECKING OR SAVINGS ACCOUNT

Note: The financial institution listed below must be held in your name. KCERA is prohibited from assigning your benefit to any other person, for any reason. You must provide a voided check or an account verification letter/form from your financial institution.

I authorize KCERA and the financial institution listed below to deposit my payment automatically into my:

☐ Checking Account ☐ Savings Account

Financial Institution Name: _____

I hereby certify the account above is held in my name, as shown on the attached voided check or account verification letter/form from my financial institution. This authorization will remain in effect until I have cancelled it in writing and in such time as to afford KCERA a reasonable opportunity to act on it. I will notify KCERA of any change in the financial account status shown above.

Signature

Date