

Safe Harbor Retirement Plan

CHANGE OF ADDRESS FORM

Last Name	First Name	MI		
Social Security Number (last four digits only)		Employee ID # (if known)		
XXX- XX- Former Address				
Home Address		Apt. Number		
City		State	Zip	
Current Address				
Home Address		Apt. Number		
City		State	Zip	
Home/Cell Phone		Work Phone		
Email Address				
Effective Date of Change				
Participant's Signature		Date		

Please return the completed form to us by mail or email			
<u>Mail</u>	<u>Email</u>		
County of Ventura	safe.harbor@ventura.org		
Human Resources - Safe Harbor Retirement Plan			
800 South Victoria Avenue #1970	Questions?		
Ventura, CA 93009-1970	Email or call us at 805-654-2921		