

**County of Ventura
Safe Harbor Retirement Plan**

CHANGE OF ADDRESS FORM

Last Name	First Name	MI	
Social Security Number (last four digits only) XXX-XX-		Employee ID #	
Old Address		Apt. Number	
City		State	Zip
New Address		Apt. Number	
City		State	Zip
Home Phone		Work Phone	
Effective Date of Change			

Participant's Signature

Date

Please return form to:

County of Ventura
Human Resources - Safe Harbor Retirement Plan
800 South Victoria Avenue #1970
Ventura, CA 93009 - 1970