



COMMONWEALTH OF PENNSYLVANIA
STATE EMPLOYEES' RETIREMENT SYSTEM

1257+7+.5' 67
P.O. BOX 1000, PA 17315
TOLLFREE: 1-800-633-5461
www.sers.state.pa.us



SS#: _____

◆ REFUND - AFFIDAVIT OF MEMBERSHIP ◆

SERS FIELD OFFICE REGION _____

- INSTRUCTIONS:**
1. Make sure you read and understand the Affidavit statement prior to signing this form.
 2. Only sign this form in the presence of a notary.
 3. The Notary Certification must be completed at the time you sign this form.
 4. Return this completed form along with your Refund of Contribution forms.

MEMBER INFORMATION

NAME:	FIRST	MIDDLE	LAST	
STREET ADDRESS				
CITY		STATE	ZIP CODE	TELEPHONE NUMBER (____) _____ - _____

AFFIDAVIT

I, _____, ATTEST TO THE FACT THAT I WAS PREVIOUSLY AN ACTIVE MEMBER OF THE STATE EMPLOYEES' RETIREMENT SYSTEM (SERS) AND THAT I AM ENTITLED TO A REFUND FROM THE STATE EMPLOYEES' RETIREMENT SYSTEM, OF MY CONTRIBUTIONS WITH INTEREST ACCURED THROUGH MY DATE OF TERMINATION FROM EMPLOYMENT AND MY SIGNATURE APPEARS ON THE "APPLICATION FOR REFUND OF MEMBER CONTRIBUTIONS AND INTEREST".

SIGNATURE of AFFIANT: _____ DATE: _____

NOTARY CERTIFICATION

State of _____)
County of _____) ss:

Sworn and subscribed to before me this _____ day of _____ A.D. 20_____

Notary Seal

Signature of Notary Public