



**COMMONWEALTH OF PENNSYLVANIA
STATE EMPLOYEES' RETIREMENT SYSTEM**

30 N 3RD STREET
SUITE 150
HARRISBURG, PA 17101-1716
TOLLFREE: 1-800-633-5461
www.sers.state.pa.us



◆ **AUTHORIZATION TO RELEASE** ◆
ACCOUNT INFORMATION

SS#

I, _____, hereby authorize the Pennsylvania State
Member's Printed Name

Employees' Retirement System ("SERS") to release the account information listed below to the following individuals:

Name	Relationship to Member

SERS may release to the foregoing individuals any and all account information except death beneficiary information and the following:

(Check items that SERS may NOT release.)

	Home address
	Telephone Number
	Social Security Number
	Date of Birth
	Correspondence

	Present value of account
	Retirement estimates
	Medical Reports
	Other (list here) -
	Other (list here) -

I hereby revoke any authorization to release account information previously provided to SERS, whether given orally or in writing, unless such authorization was provided pursuant to an order of court. I understand that the revocation herein does not revoke any Power of Attorney previously provided to SERS. I understand that an authorization above to release my account information to my spouse will remain valid until I revoke it, even if my spouse and I divorce. A photocopy or faxed copy of this Authorization to Release Account Information shall have the same force and effect as the original.

Signature		Date	
-----------	--	------	--

This document does not authorize SERS to release death beneficiary information.