

# AUTHORIZATION TO RELEASE DEATH BENEFICIARY INFORMATION



<b>Member Full Name</b> (First, Middle, Last)	<b>Member SSN</b>
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I, \_\_\_\_\_, hereby authorize the Pennsylvania State Employees' Retirement System ("SERS") to release the names of my death beneficiaries and guardians of minor beneficiaries, if any, to the following individuals:

Member's Printed Name

Name	Relationship to Member

I hereby revoke any authorization to release death beneficiary information previously provided to SERS, whether given orally or in writing, unless such authorization was provide 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 such 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 Death Beneficiary Information shall have the same force and effect as the original.

<b>Signature</b>	<b>Date</b>
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