REQUEST FOR

INFORMATIONAL LETTER/DOCUMENT



I. GENERAL INFORMATION

The Sacramento County Employees' Retirement System (SCERS) provides this form to facilitate requests for official letters or documents. Complete all required fields to ensure your request is processed accurately and promptly.

II. RELEASE AUTHORIZATION			
Print Full Name:			SSN: XXX-XX
Mailing Address:			
City:		State:	Zip:
Email:	Phone:	DOB (MM-D)D-YYYY):
Please select the document	(s) you are requesting:		
Copy of 1099-R; year(s) re	equested:		
Copy of Pay Advice; mont	h and year requested:		
☐ Award/Pension Verification	on Letter		
☐ Beneficiary Letter			
Copy of most recent Annu	ual Statement		
Member Statements can status for most purposes.	s out-of-cycle account balance stateme be used for the purpose of providing pr If you are requesting an account balar ase submit a formal request from the tl	oof of account balance	e and/or membership y to a third-party using
Delivery Method:			
Mail (Documents will be r	nailed to the address SCERS has on file	∍.)	
Email (For email delivery,	complete this form with DocuSign or su	ubmit it to SCERS with	an original signature.)
Member Signature	Printed Name	;	 Date

Sacramento County Employees' Retirement System (SCERS)
980 9th Street, Suite 1900, Sacramento, CA 95814-2739 | (916) 874-9119 | scers.gov | sacretire@saccounty.gov