

DEFINED BENEFIT PLAN AUTHORIZATION TO RELEASE ACCOUNT INFORMATION



MEMBER INFORMATION	
Member Full Name (First, Middle, Last)	Member SSN

I, _____, hereby authorize the Pennsylvania State Employees' Retirement System (SERS) to release account information to the following individuals:

Member's Printed Name

Name	Relationship to Member

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

Check items that SERS may NOT release.

<input type="checkbox"/>	Home Address
<input type="checkbox"/>	Telephone Number
<input type="checkbox"/>	Social Security Number
<input type="checkbox"/>	Date of Birth
<input type="checkbox"/>	Correspondence

<input type="checkbox"/>	Present Value of Pension Benefit
<input type="checkbox"/>	Retirement Estimates
<input type="checkbox"/>	Medical Reports
<input type="checkbox"/>	Other (List Here)
<input type="checkbox"/>	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 a court order. 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
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This document does not authorize SERS to release beneficiary information.