

DEFINED BENEFIT PLAN AUTHORIZATION TO RELEASE BENEFICIARY INFORMATION



MEMBER INFORMATION	
Full Name (First, MI, Last)	SSN

I, _____ hereby authorize the Pennsylvania State Employees' Retirement System (SERS) to release the names of my 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 beneficiary 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 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 Beneficiary Information* shall have the same force and effect as the original.

Signature	Date
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