REQUEST FOR INFORMATIONAL LETTER/DOCUMENT



Member Information:			
Print name:		Social Security Number: XXX-XX-	
Address:	City:	State:	Zip:
Phone:	Date of Birth (MM-DD-YY):	Email:	
Please select the documer	nt(s) you are requesting:		
Copy of 1099-R; year(s) requested:		
Copy of Pay Advice; m	onth and year requested:		
Award/Pension Verific	cation Letter		
Beneficiary Letter			
Copy of most recent A	nnual Statement		
Annual Member State membership status fo a third-party using a sp	ement ides out-of-cycle account balance sta ments can be used for the purpose o r most purposes. If you are requestir becific date range, please submit a f onal Letter or Document form for cor	of providing proof of account ng an account balance state ormal request from the third	balance and/or ment to supply to
Delivery method:			
Mail (Documents will	be mailed to the address SCERS has	on file.)	
	y is requested, this form must be co- ivered to the SCERS office with an o	•	e completed form
Member Signature:			
Signature:		Date:	
Please allow 5-7 days for p	processing all requests.		

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