



**STANISLAUS COUNTY
EMPLOYEES' RETIREMENT ASSOCIATION**
832 12th Street, Suite 600 (95354)
P O Box 3150
Modesto, CA 95353-3150

Phone (209) 525-6393
Fax (209) 558-4976
www.stancera.org
e-mail: retirement@stancera.org

REQUEST FOR RETIREMENT BENEFIT INFORMATION DUE TO MARITAL DISSOLUTION

If the non-member or his/her attorney requests records, a \$15.00 check payable to StanCERA will be required.

By law, the contents of a member's retirement file are confidential, except to the member or his/her authorized representative. The nonmember and/or representing attorney may obtain information if the request includes the member's written authorization or if StanCERA has been joined as a party to the dissolution. To obtain information, one of the following must be provided to StanCERA.

- This written authorization to release information, signed and dated by the member, or
- A Subpoena duces tecum

Please complete the following information and send this form to StanCERA at the above address. A statement including retirement service credit, member contributions and interest accumulated, and/or an estimate of the monthly benefit payable to the member will be prepared and forwarded to you within four to six weeks.

StanCERA does not provide actuarial valuations of retirement benefits.

| | | | |
|---------------------|--------------------|-------------------------------|---------|
| _____ | | _____ | |
| Member Name | | Social Security Number | |
| Check member status | Active | Deferred | Retired |
| _____/_____/_____ | _____/_____/_____ | _____/_____/_____ | |
| Date of Marriage | Date of Separation | Date of Retirement (estimate) | |
| _____ | | _____/_____/_____ | |
| Former Spouse Name | | Former Spouse date of birth | |

Former spouse or representing attorney address

By signing below I, a StanCERA member, authorize the release of all retirement benefit information maintained or proclaimed by StanCERA to the above party or parties that is necessary in the proper division of my former spouse's community property interest in my StanCERA retirement benefits.

| | |
|------------------|-------------------|
| _____ | _____/_____/_____ |
| Member Signature | Date |