

REQUEST FOR RETIREMENT BENEFIT INFORMATION DUE TO MARITAL DISSOLUTION

By law, the contents of a member's retirement file are confidential, except to the member or authorized representative. The non-member and/or representing attorney may obtain information, if the request includes the member's written authorization or if Stanislaus County Employees' Retirement Association (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 return this form to StanCERA. A statement, including retirement service credit, member contributions, accumulated interest, and/or estimated monthly benefit payable to the member will be prepared and forwarded within four to six weeks. StanCERA does not provide actuarial valuation of retirement benefits.

If the non-member or his/her attorney requests records, a \$25.00 fee will be charged.

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Requesting Party:		Membe	r 🗆	F	ormer Spou	ise/K	egisterea	Dome	estic Partn	er [□ Repres	enting Attorne		
Member Status:		Active		R	etired		Deferred							
MEMBER INFORI	MATIC	ON												
FIRST NAME:			M	l:	LAST NAME	:				DATE	OF BIRTH:			
SOCIAL SECURITY	/ NILIBAT	DED.	DETIDE	-NAEN	IT DATE (EC	TINAAT	Έ\.		CONTACT	DUON	E NUMBER:			
SOCIAL SECURITY	NUIVIE	DER:	KETIKE	- IVI I	NT DATE (ES	IIIVIAI	C) :		CONTACT	PHON	E NUMBER:			
FORMER SPOUS	E INF	ORMATIO												
FIRST NAME:			М	MI: LAST NAME:						DATE OF BIRTH:				
DAT			ATE OF	TE OF MARRIAGE: DATE OF SEPARAT										
Mail Request To	0:		Membe	er	☐ Form	ner S	pouse [□R	Representii	ng Att	orney			
MAILING ADDRESS	<u>. </u>						c	ITY:			STATE:	ZIP CODE:		
III II											0171121			
MEMBER SIGN														
I, a StanCERA by StanCERA, spouse's/regist	to the	above p	arties,	that	is necessa	ry in	the proper	r divis	sion of my	and r	ny former			
Member Signature:					Printed Name:						Date:			