



# 2009 Active and Deferred Member Statement Data Correction Form

Please use the following form to request a review and/or update of account information from your 2009 Active/Deferred Member Statement (ADMS). Return form to ACERA *by September 1, 2010* ONLY if you notice errors in the personal data or other data as it appears in your 2009 ADMS.

Name (*Print First & Last Name*): \_\_\_\_\_

SSN (*Last 4 digits*): \_\_\_\_\_ Daytime Phone (*Area code*) ###-####: \_\_\_\_\_

### Your Requested Corrections:

You CANNOT use this form to change or nominate a beneficiary or change your address; it is solely for the below-described corrections. Deferred members must submit address changes in writing directly to ACERA. To officially make beneficiary changes visit [www.acera.org](http://www.acera.org) for an Active Member Beneficiary Designation Form or call us at 1.800.838.1932 (press 1).

### Personal Information:

*Please complete information below ONLY if you have corrections*

Name: \_\_\_\_\_ Plan: \_\_\_\_\_

SSN: \_\_\_\_\_ Employer: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Reciprocity Claimed: \_\_\_\_\_

Entry Date/Re-Entry Date: \_\_\_\_\_ Reciprocal Agency: \_\_\_\_\_

Average Monthly Salary: \_\_\_\_\_

Address: \_\_\_\_\_

Other: \_\_\_\_\_

### Beneficiary Information Corrections or Nomination Changes:

*(Please complete an Active/Deferred Member Beneficiary Designation Form.)*

### Contributions/Service Credit/Service Purchase Contracts:

*Please indicate reason for review:*

Audit Membership Plans: \_\_\_\_\_

Audit Service Credit: \_\_\_\_\_

Audit Service Purchase Credit: \_\_\_\_\_

Audit Contributions: \_\_\_\_\_

### Other Corrections, Comments, or Questions?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_