



2010 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 2010 Active/Deferred Member Statement (ADMS). Return form to ACERA by September 2, 2011 ONLY if you notice errors in the personal data or other data as it appears in your 2010 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 corrections described below. Deferred members must submit address changes in writing directly to ACERA. To officially make beneficiary changes visit www.acera.org/downloads/ for an Active/Deferred 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: _____