

**Notice of Claim**

(California Family Code section 755(b))

Please print:

Full name of ACERA member:

Social security number of ACERA member (if known):

My name, address, and telephone number:

I hereby give notice to the Alameda County Employees' Retirement Association (ACERA) under California Family Code section 755(b) that I claim to be entitled to some part of any future payment or refund that ACERA might make to the member named above, or to any other person, based on the member's rights under ACERA's employee benefit plan.

Date:

\_\_\_\_\_  
Signature