

**Authorization for Release of Information and Documents**

I, \_\_\_\_\_, hereby authorize the Alameda County Employees' Retirement Association (ACERA) to release to

\_\_\_\_\_ the following information and documents that pertain specifically to me or my account:

Check (1) or (2):

\_\_\_\_\_ (1) Any and all information and documents requested.

\_\_\_\_\_ (2) Only the following information and documents requested

(specify):

This authorization is effective until: \_\_\_\_\_

A copy of this document will be sufficient unless I cross out this sentence, in which event ACERA will require that my signature on this statement be an original.

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

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