

Notice of Claim

(California Family Code section 755)

(Please Print)

Full name of ACERA member: _____

Social security number of ACERA member: _____

ACERA Member Address: _____

Member telephone number: _____

I, _____, hereby give notice to the Alameda County Employees' Retirement Association (ACERA) under California Family Code section 755 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.

This claim is based on the following: _____

I declare the above to be true, correct, and accurate under penalty of perjury under the law of the State of California.

Executed on: _____
Date Signature

Print Your Name

Street Address

City, State and ZIP Code