



MEMBER INFORMATION DISCLOSURE FORM

San Joaquin County Employees' Retirement Association

IMPORTANT: Fully complete and return this form to SJCERA at contactus@sjcera.org, 220 E. Channel Street, Stockton, CA 95202, or Fax to (209)468-0480. If an incomplete form is returned, a delay in services may occur.

SECTION 1: MEMBER INFORMATION

Full Name: _____ DOB: _____

Member ID/Last 4 SSN: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

SECTION 2: AUTHORIZED REPRESENTATIVE INFORMATION

Full Name: _____

Email: _____

Phone: _____

Relationship to member:

☐

Spouse

☐

Registered Domestic Partner

☐

Other (Please Specify): _____

SECTION 3: DISCLOSURE TERMS

3A. Authorization

I hereby authorize the San Joaquin County Employees' Retirement Association (SJCERA) to release and discuss my personal and confidential retirement information with the representative named above. This individual is authorized to receive information and communicate with SJCERA staff regarding matters related to my membership and benefits.

This authorization includes, but is not limited to, the disclosure and discussion of the following:

- My membership status and service credit
- Retirement benefit estimates and options
- Retirement application status
- Health and survivor benefit information

- Correspondence and account documentation
 - Any other information SJCERA deems relevant to the administration of my benefits
- This authorization does not permit my representative to make elections or decisions on my behalf unless I have executed a separate, valid power of attorney recognized by SJCERA.

3B. Purpose

The purpose of this disclosure is to facilitate communication and understanding regarding my SJCERA retirement benefits and to authorize the individual named above to assist me in managing retirement-related matters.

3C. Duration

This authorization will remain in effect until:

- ☐ I submit a written revocation to SJCERA.
- ☐ My death
- ☐ The date listed here: _____.

SECTION 4: MEMBER ACKNOWLEDGEMENT

I understand that:

- This authorization is voluntary.
- I may revoke this authorization at any time by submitting a written request to SJCERA.
- A photocopy or facsimile of this form is as valid as the original.
- SJCERA is not responsible for any redisclosure of information by the authorized representative.
- This form does not substitute for a legal power of attorney.

By signing below, I acknowledge that I have read and understand this form and authorize SJCERA to release information as described above.

Member Signature: _____ Date: _____

Representative Signature: _____ Date: _____