



San Bernardino County Employees' Retirement Association

348 W. Hospitality Lane, Suite 100
San Bernardino, CA 92408

P: 909.885.7980
E: memberservices@sbcera.org

AUTHORIZATION FOR RELEASE OF INFORMATION & DOCUMENTS

I, _____ hereby authorize the San Bernardino County Employees' Retirement Association (SBCERA) to release the following documents / information:

Check applicable box:

- Benefit Estimate
- Member Statement
- Account Balance
- Refund Check

expressly to _____
(fill in the name of the approved requestor)

This authorization shall be effective immediately and shall remain in effect for thirty (30) days from the date of signature. This Authorization is subject to written revocation by the undersigned at any time between now and the disclosure of information by the disclosing party. Written revocation will be effective upon receipt.

The person presenting this document will be required to show proper photo identification prior to information / documents being released to him or her.

A photocopy of this document will serve as sufficient consent unless I cross out this sentence, in which event SBCERA will require that my signature on this statement be an original.

Date: _____ Member Signature: _____