



AUTHORIZATION TO RELEASE INFORMATION TO LEGAL REPRESENTATIVE

Sonoma County Employees' Retirement Association
433 Aviation Boulevard, Suite 100, Santa Rosa, CA 95403
Tel: (707) 565-8100 / Fax: (707) 565-8102
www.scretire.org

I, the undersigned, hereby authorize the Sonoma County Employees' Retirement Association to release information from my retirement file with the Sonoma County Employees' Retirement Association to my legal representative.

Name of Legal Representative

Phone Number

Street

City

Zip

I acknowledge that this authorization shall remain valid until revoked by me in writing and that I may receive a copy of this authorization at any time and that a photocopy hereof shall be as valid as the original.

NOTE: Signature **MUST** be witnessed on **SAME DATE**.

SCERA Member Name (Please print)

SCERA Member Signature

Date Signed

Witness (must be over 18 years old and not beneficiary)

Date Signed