

ARKANSAS PUBLIC EMPLOYEES RETIREMENT SYSTEM  
124 West Capitol, Suite 400  
Little Rock, AR 72201

**REQUEST FOR DUPLICATE ANNUAL MEMBER STATEMENT**

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name \_\_\_\_\_  
(Print Name)

Address: \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

I request a duplicate annual statement for fiscal year ending June 30, 2011, and I request that the statement be mailed to my current address as indicated above.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

**Fax the complete form to:**  
(501) 682-7843

**Or**

**Mail the completed form to:**  
ARKANSAS PUBLIC EMPLOYEES RETIREMENT SYSTEM  
Attn: Member Records  
124 West Capitol, Suite 400  
Little Rock, AR 72201