

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

**AUTHORIZATION FOR DUPLICATE 1099**

Tax Year: \_\_\_\_\_

*Please choose all that apply to you:*

I am a member of: Arkansas Public Employees Retirement System  
Arkansas State Police Retirement System  
Arkansas Judicial Retirement System

I am requesting a 1099 issued for: Annuity Refund PAW DROP

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

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

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

\_\_\_\_\_

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

This is my current address.

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

\_\_\_\_\_  
Date

*\* A member's signature is required .*

*The only exceptions are as follows:*

- 1. If another person has "Power of Attorney", guardianship, etc., that person's signature will be accepted with a copy of the authorizing document (either attached or already on file with APERS).*
- 2. If the member is unable to sign because of a recent illness or injury, a child or spouse may sign for the member. A letter from the person who is signing this request must be attached explaining the reason that the member is unable to sign.*

**Mail the completed form to:**

ARKANSAS PUBLIC EMPLOYEES RETIREMENT SYSTEM  
Attn: Benefit Accounting  
124 West Capitol, Suite 400  
Little Rock, AR 72201

**❖❖❖ APERS WILL NOT ACCEPT FAXED OR E-MAILED FORMS ❖❖❖**