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

Retiree Request for Verification of Benefits
(FOR RETIREES ONLY)

Please choose all that apply to you:

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

I am requesting a **Letter of Verification of Benefits**:

Social Security Number _____ - _____ - _____

Name _____
(Print Name)

Telephone : (_____) _____

Address:_____

_____

City _____ ST_____ Zip _____

❒This is the current address.

_____ _____
Retiree's Signature***** Date

***** *A Retiree'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 the system).*
2. *If the Retiree is unable to sign because of a recent illness or injury, a child or spouse may sign for the Retiree. A letter from the person who is signing this request must be attached explaining the reason that the Retiree 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

❖❖❖ You may fax the completed form to 501-682-6595 ❖❖❖