

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

REQUEST FOR DUPLICATE DROP STATEMENT

Social Security Number _____ - _____ - _____

Name _____
(Print Name)

Address: _____

City _____ ST _____ Zip _____

I request a duplicate DROP statement for fiscal year ending June 30, 2010, 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) 682-7840

Or

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