

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 ❖❖❖