Data Correction and Request Form

Use this form ONLY to: **1) Correct certain personal data *and/or***
2) Request a review of account information.

1. Person making request or correction:

Name (first, last): _____

SSN (Last 4 digits): XXX – XX – _____ Daytime Phone (w/area code): _____

2. My data is incorrect – Provide the CORRECT information and supporting documentation:

➧ **Active Members** must correct name, address, SSN, date of birth and marital status with current employer.

➧ **Deferred Members**

	Correct data	***Documentation required***
Name:	_____	… Copy of marriage certificate or court order
SSN:	_____	… Copy of social security card
Date of Birth:	_____	… Copy of birth certificate or passport
Marital Status:	_____	… Copy of marriage or divorce records
Address:	_____	… Address change form: www.acera.org/downloads

➧ **Active or Deferred Members -** Provide UPDATED employer information (if any)**:**

Employer: _____ Entry Date/Re-Entry Date: _____

Reciprocity Claimed: _____ Reciprocal Agency: _____

Termination Date: _____ Plan: _____

Average Monthly Salary: _____

3. I want to change beneficiaries – To make these changes you must download, complete, sign and submit (to the ACERA address below) the form located at:

www.acera.org/downloads/forms/active_deferred_beneficiary_designation_form.pdf

4. I request a review/audit of my data – Outline your request in the appropriate category:

a. Membership Plans: _____

b. Service Credit: _____

c. Service Purchase Credit: _____

d. Contributions: _____

5. Signature: _____ Date: _____

Return the completed **and signed** form with any/all required supporting documentation to:

ACERA
475 14th Street, Suite 1000
Oakland, CA 94612