



ARIZONA STATE RETIREMENT SYSTEM (ASRS)
DATA VERIFICATION

COMPLETE AND SEND
TO:ASRS
PO Box 33910
Phoenix, AZ 85067-3910

Phoenix (602) 240-2000
Tucson (520) 239-3100
Toll-Free (800) 621-3778
www.azasrs.gov

Disclosure of your Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account and to inform the Internal Revenue Service of distributions and withholdings with respect to the individual's account.

SECTION 1 - Member Information
Social Security Number, Name (Last), (First), (Middle Initial), Gender, Current Mailing Address, Marital Status, City, State, ZIP, Date of Birth, Primary Phone, Mobile Phone, Personal Email Address, Current / Most Recent ASRS Employer Name, Member Status (Check One)

SECTION 2 - Required Legal Document
Attach a copy of one of the following to prove your identity. Check which one is enclosed.
SSN Card, Birth Certificate, Driver License, State Issued ID, Passport, Military ID, Citizenship Papers, Court Order (Must contain a full name and date of birth.)
Note: The ASRS reserves the right to request additional documents.

SECTION 3 - Signature and Notarization
Member Signature, Date, State of, County of, On this day of, 20, before me personally appeared, whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed above.
(seal) Notary Public

Any person who knowingly makes any false statement, or who falsifies or permits to be falsified any record of the retirement plan with an intent to defraud the plan is guilty of a Class 6 felony per Arizona Revised Statutes § 38-793.

