



ARIZONA STATE RETIREMENT SYSTEM (ASRS)
ABANDONED MONIES FORM
UNCASHED CHECKS

PLEASE PRINT

COMPLETE AND SEND TO:
 ASRS - Financial Services
 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 member's 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 – Name of Individual on ASRS Website			
Name (Last)	(First)	(Middle Initial)	
SECTION 2 – Your Information			
Name (Last)	(First)	(Middle Initial)	
Mailing Address	City	State	ZIP
Daytime Telephone Number	Email Address		
Check one: <input type="checkbox"/> I am the ASRS Member listed on the ASRS website. <input type="checkbox"/> I am providing information regarding the ASRS Member listed on the ASRS website.			
SECTION 3 – If you are the ASRS member named on the website, complete this section.			
Name of Last ASRS Employer			
Social Security Number	Date of Birth (MM/DD/YYYY)		
SECTION 4 – If you have information on the ASRS member named on the website, complete this section.			
Provide as much information as possible to assist the ASRS in locating this member. If the member is deceased, please refer to and complete the "Estate Qualification Form (Member Funds)" located on the ASRS website.			
Member Social Security Number	Member Name (Last)	(First)	(Middle Initial)
Last Known Mailing Address	City	State	ZIP
Date of Birth (MM/DD/YYYY)	Telephone Number		
SECTION 5 – Signature			
Signature			Date

Note: Any person who knowingly makes any false statement with an intent to defraud the ASRS is guilty of a Class 6 felony in accordance with Arizona Revised Statute § 38-793.

