



ARIZONA STATE RETIREMENT SYSTEM (ASRS)
ABANDONED MONIES FORM
INACTIVE MEMBER

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
Personal Email Address	Primary Phone ()	Secondary Phone ()	Mobile Phone ()
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		Last Contribution Date or Termination Date (MM/DD/YYYY)	
Social Security Number		Date of Birth (MM/DD/YYYY)	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married
Attach a <u>copy</u> of your Social Security card (required) and a <u>copy</u> of one of the following to prove your identity: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Military Records <input type="checkbox"/> Passport <input type="checkbox"/> Citizenship Papers <input type="checkbox"/> Driver License <input type="checkbox"/> State Issued ID			
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.			
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.

