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 Fax: 717.772.3860  
 PSRS-1326 (7/2015)

# PSERS Verification of Deposit



Mail Center

Member must complete Sections A, B, and C. A PSERS Representative will complete Sections D and E. If you wish for PSERS to fax this form, you must also complete and submit an *Authorization for Release of Information* (PSRS-1273) along with this form.

Under Pennsylvania State Law (Act 96 of 1975), members are not permitted to withdraw money as active contributing members. Members may only withdraw funds upon termination of all PA school employment or retirement. Funds in PSERS may not be used for collateral for a loan, nor may they be attached or assigned.

## A – Member Information

Member Name	Member Social Security Number	Contact Phone Number
Member Mailing Address	City, State, Zip Code	

## B – Requestor Information *(institution, organization, or person other than member requesting information)*

Requestor Name	Name of Contact Person (if applicable)	Phone Number
Requestor Mailing Address	City, State, Zip Code	

## C – Member Signature

I understand that this authorization to release my account information is for a one-time occurrence and only valid for the above specified Requestor.

Member Signature	Date Signed
Print Name	Phone Number

## D – Verification of Account

Type of Account	Account #	Current Balance	Average Balance for Previous Two Months	Date Opened
401A			N/A	

## E – PSERS Representative Signature

Signature	Date Signed
Print Name	Title
	Phone Number