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2153

## Authorization to Release Account Information

This form is for all PERS plans.

### Section A: Applicant information (Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.)

First name		MI	Last name		PERS ID (optional)
Mailing address (street or PO box)					Social Security number (SSN)*
City		State	ZIP code	Country	Date of birth (mm/dd/yyyy)
Home phone number	Work phone number		Cell phone number	Email (optional)	

### Section B: Authorized third-party information

Name \_\_\_\_\_ Company name \_\_\_\_\_

Address \_\_\_\_\_ Phone number \_\_\_\_\_

Name \_\_\_\_\_ Company name \_\_\_\_\_

Address \_\_\_\_\_ Phone number \_\_\_\_\_

I hereby authorize the party(ies) named above to obtain information regarding my:

- Account balances
- Benefit payments
- Estimate of benefits
- Purchases
- Status of application for benefits
- Tax withholding

### Section C: Authorization duration

This authorization is to remain in effect until \_\_\_\_\_ (mm/dd/yyyy).

This authorization is to remain in effect until revoked.

You have the right to revoke this authorization at any time by requesting the revocation in writing.

\_\_\_\_\_  
Signature (do not print)

\_\_\_\_\_  
Date

\*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it could take PERS staff longer to process your form. In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You can request help by calling 888-320-7377 or TTY 503-603-7766.  
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