



# Notary Public Acknowledgement

Revised 03/20/2020

Please print or type in black ink. **Complete this form and sign the corresponding form checked in Section 1 in the presence of the notary.** Once notarized and signed, attach corresponding form and submit both forms to PERS.

## 1 Member/Retiree/Survivor/Benefit Recipient Information and Certification - Complete this section in the presence of the notary.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: ☐ M ☐ F

Social Security No.: \_\_\_\_\_ Birth Date mm/dd/ccyy: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ ☐ Cellular ☐ Home ☐ Work Phone: \_\_\_\_\_ ☐ Cellular ☐ Home ☐ Work

Select the form that accompanies this *Notary Public Acknowledgement*.

☐ PERS Form 5, *Member Refund Application (Required for inactive members only)*

☐ PERS Form 5A, *Member Waiver of Monthly Benefits*

☐ PERS Form 5B, *Spousal Waiver of Monthly Benefits (Requires member and spouse signatures\*)*

☐ PERS Form BW, *Beneficiary Waiver*

☐ PERS Form 21, *Direct Deposit Authorization*

☐ PERS Form 22, *Waiver of Benefits*

☐ *Representative Payee Request*

☐ *Successor Information*

I/We hereby certify that the above information is complete and accurate and that the form selected above and attached hereto has been completed by me/us, the undersigned, with full knowledge and understanding of the purpose, intent, and outcome of any waivers, certifications, representations, and agreements I/we made by signing said form.

Applicant's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_

\* Applicant's Signature, if required: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_

## 2 Notary Acknowledgement

State of \_\_\_\_\_

Affix Notary Seal Below

County of \_\_\_\_\_

**Personally appeared before me**, the undersigned authority in and for the said county and state, on this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, within my jurisdiction, the within named

\_\_\_\_\_, who acknowledged that

he/she/they executed the above and forgoing instrument and the attached corresponding form.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires