



City of Tacoma
Tacoma Employees' Retirement System

3628 S. 35th St., Tacoma, WA 98409 ■ P.O. Box 11007, Tacoma, WA 98411-0007 ■ (253) 502-8200 Fax (253)502-8660

August 22, 2024

Dear Retiree or Survivor Pensioner:

We are verifying records, including names and addresses of our members. This enables us to update your contact information and to confirm your continued retirement eligibility.

Please complete the form on the reverse-side of this letter, have it notarized, and return it to us **no later than September 20, 2024**. You may return it either by using the enclosed return envelope, or by scanning and emailing the document to the address below.

Staff are available to notarize your form in-person free-of-charge by appointment only. To schedule a notary appointment, or if you have questions, please contact the Retirement office at (253) 502-8200 or toll free at (888) 404-3787, or send us an email at TERSretirement@cityoftacoma.org.

Establishments such as your bank or credit union, print and ship retail location (FedEx, UPS Store, etc.) or a mobile notary may be available for free or at your cost.

Thank you very much for taking the time to respond to this request.

Sincerely,

Tacoma Employees' Retirement System

Enclosure
Preaddressed Return Envelope

2024 AFFIDAVIT FORM

SECTION 1: Pensioner Information			ID#
LAST NAME	FIRST NAME	MIDDLE	SSN. (Last four digits)
PHYSICAL RESIDENCE			
MAILING ADDRESS			
HOME PHONE	CELL PHONE	E-MAIL ADDRESS (Please print clearly)	

Check box if your address has changed

SECTION 2: Marital Status	
Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>	
If you are married and your spouse is living, please complete the following:	
Spouse Last Name	First Name
Spouse Birthdate	Date of Marriage

SECTION 3: Signature and Notarization	
Signature	Date
If signed by an attorney-in-fact, power of attorney, or legal guardian, this signature attests that the pensioner in Section 1 is alive as of the date signed.	

If you have appointed an attorney-in-fact or granted power of attorney (POA), please provide a copy to the Retirement Office. Contact us if you are unsure whether you have provided a copy already. Please provide a physical address for the member if POA is using the mailing address, i.e. separate home or nursing home.

STATE OF _____

COUNTY OF _____

On this day personally appeared before me _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual described in and who executed the foregoing instrument, and acknowledged to me that he/she signed said instrument as his/her free and voluntary act and deed for the uses and purposes therein mentioned.

Given under my hand and seal of office this _____ day of _____, 20_____.

(Signature of Notary Public)

NOTARY SEAL OR STAMP

(Print Name)

Residing at _____

My commission/appointment expires _____