



Individual Account Program (IAP) Dispute of Notice of Distribution

This form is strictly for the IAP. Call PERS or visit our website if this is not the form you need.

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	Social Security number*								
			<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> </tr> </table>								
Mailing address (street or PO box)			PERS number (optional)								
City	State	Zip	Country								
			Date of birth (mm-dd-yyyy)								
Day phone number		Evening phone number	E-mail (optional)								

Oregon Revised Statute 238.450, as referenced by 238A.050(2), allows you to dispute the accuracy of the information used to compute your IAP distribution. You can file a Dispute of Notice of Distribution by submitting this form no later than 240 days after the date on the Notice of IAP Distribution letter or 240 days from the distribution date, whichever occurs later.

Section B: Disputed information

Please select the information you disagree with, and briefly explain why you think it is inaccurate. **Attach any information supporting your dispute.**

Information in question (Check all that apply.)

- Account balance
 Earnings amount
 Earnings crediting rate
 Distribution election

Explain why you think this information is inaccurate in the box below.

Section C: Applicant signature

I am disputing the information used to calculate my IAP distribution.

_____ Date _____
 Signature (do not print)

 Print name

Send form to:
 PERS
 PO Box 23700
 Tigard OR 97281-3700

Office use only	
<input type="checkbox"/> PERS <input type="checkbox"/> OPSRP <input checked="" type="checkbox"/> IAP	
<input type="checkbox"/> Member <input type="checkbox"/> Alternate payee	
<input type="checkbox"/> Cross reference member SSN	

*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 phoning 503-598-7377, toll free 888-320-7377, or TTY 503-603-7766.