



12157A

## 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"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></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 calling toll free 888-320-7377 or TTY 503-603-7766.