

SACRAMENTO AREA ELECTRICAL WORKERS TRUST FUND  
PO BOX 5057 SAN JOSE, CA 95150

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SUPPLEMENTAL RETIREMENT TRANSFER  
REQUEST FOR REIMBURSEMENT FORM

I hereby request reimbursement from my individual account in the Sacramento Area Electrical Workers Supplemental Retirement Program. My current status is:

- ACTIVE
- RETIRED

By my signature below, I certify that the attached expense was for:

- SELF
- SPOUSE
- QUALIFIED DEPENDENT

A COPY OF THE RECEIPT OR CANCELLED CHECK ( FRONT & BACK) MUST ACCOMANY THIS REQUEST

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY            STATE            ZIP

\_\_\_\_\_  
SIGNATURE

For information, please contact:

**Teresa Raney : (916) 923-0666**

**Jennifer Olia: (408) 288-4445**

**UNITED ADMINISTRATIVE SERVICES**  
**PO Box 5057**  
**San Jose, CA 95150**

**FAX: (408) 288-4439**  
**ATTN: Jennifer Olia**