

Retirement Account Balance Request

Print your name: _____

Social Security #: _____

Please sign here: _____

Office Use Only

ACWI: _____

As Of Date: _____

Date request received

(please date and initial when complete)

Seattle City Employees' Retirement System

720 3rd Ave., Suite 900, Seattle, WA, 98104 Telephone: (206) 386-1293, Fax: (206)386-1506