

**AUTOMATIC DEDUCTION ELECTION FORM: MEMBERSHIP DUES IN THE
ASSOCIATION OF RETIRED SAN JOSE POLICE OFFICERS & FIREFIGHTERS**

I, _____ hereby AUTHORIZE the Department of Retirement Services to deduct my monthly membership dues to the Association of Retired San Jose Police Officers & Firefighters ("Retiree Association") each month from my retirement allowance, in the amount that is approved from time to time by the Retiree Association, and to send the amount so deducted directly to the Retiree Association on my behalf. I understand that the current membership dues are \$15 per month, but I understand and agree that the membership dues may be increased or decreased later, in accordance with the Retiree Association's rules. I agree that if the Retiree Association's monthly membership dues change, that change will automatically apply to the monthly dues deduction from my monthly retirement allowance. The dues will be sent directly to the Retiree Association in my name.

I further AUTHORIZE the Department of Retirement Services to provide the Retiree Association with my mailing address currently on file with the Department of Retirement Services and to update the Retiree Association with any changes that might later be made to my mailing address on file with the Department of Retirement Services.

**I UNDERSTAND THAT I MAY CANCEL AND REVOKE THESE AUTHORIZATIONS
AT ANY TIME BY DELIVERING A WRITTEN NOTICE OF CANCELLATION AND
REVOCAION TO THE DEPARTMENT OF RETIREMENT SERVICES AT LEAST 20
DAYS BEFORE MY NEXT SCHEDULED RETIREMENT ALLOWANCE PAYMENT.**

SIGNED _____ DATED _____

ADDRESS: _____

CITY/STATE/ZIP _____

RETURN TO: ARSJPOFF
P.O. Box 28041
San Jose, CA 95159-8041

