



Request for Retirement Benefit Estimate

Submit this form to receive a retirement benefit estimate. SDCERA will mail the estimate to your home address. **Please note:** this form is not an application for retirement; it is only a request for an estimate. To request a retirement application, complete the *Request for Retirement Application* form available at www.sdcera.org.

MEMBER INFORMATION			
Full Name			Employee ID
Mailing Address			Daytime Telephone Number ()
City	State	Zip	Estimated Retirement Date

RECIPROCAL MEMBERSHIP (IF APPLICABLE)	
If you have established reciprocity between SDCERA and another retirement system, please provide the following information. For a list of reciprocal retirement systems, visit www.sdcera.org .	
Name of Reciprocal System	Dates of Service with Reciprocal Agency _____ to _____
Highest Average Monthly Salary from Reciprocal Agency (This amount will be verified when your final retirement benefit is calculated.) \$ _____	

MEMBER AUTHORIZATION	
Member Signature _____	Date _____