

# 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](http://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 <a href="http://www.sdcera.org">www.sdcera.org</a> .	
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 _____