



# Request for Retirement Application

Submit this form to receive an SDCERA Retirement Application. The application will be mailed to you.

MEMBER INFORMATION			
Full Name		Social Security Number	
Mailing Address		Birthdate	
City	State	Zip	Daytime Telephone Number (    )
Estimated Retirement Date (This is usually the day after your termination date from employment.)			

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.) \$ _____	

SPOUSE/REGISTERED DOMESTIC PARTNER INFORMATION (IF APPLICABLE)	
Full Name of Spouse/Registered Domestic Partner	Birthdate of Spouse/Registered Domestic Partner

MEMBER AUTHORIZATION	
Member Signature _____ Date _____	