



# 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			

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.sdcer.org">www.sdcer.org</a> .	
Name of Reciprocal System	Dates of Service with Reciprocal Agency _____ to _____

MEMBER AUTHORIZATION	
Member Signature _____ Date _____	