



Strength. Service. Commitment.

Request for Retirement Application

Please complete this form and return it to SDCERA. SDCERA will mail the Retirement Application to your home address.

MEMBER INFORMATION

Full name		Social Security number
Street address		Birth date (mm/dd/yyyy)
City, State and ZIP		Daytime telephone number ()
Department	Estimated retirement date (usually the day after your termination) (mm/dd/yyyy)	

SPOUSE/REGISTERED DOMESTIC PARTNER INFORMATION (if applicable)

Full name	
Date of marriage or registration of domestic partnership (mm/dd/yyyy)	Birth date (mm/dd/yyyy)

RECIPROCAL MEMBERSHIP

If you are a member of a reciprocal retirement system, please provide the information below.

Name of reciprocal retirement system	Highest average monthly salary from your reciprocal agency. This amount will be verified when your final benefit is calculated. \$ _____
Dates of service from (mm/dd/yyyy) to (mm/dd/yyyy)	

Member's signature Date