



348 W. Hospitality Lane, Third Floor
 San Bernardino, CA 92415-0014
 (909) 885-7980 * FAX: (909) 884-1904

BENEFIT ESTIMATE & MEMBER STATEMENT REQUEST

This is a request for an estimate of your retirement allowance. **It is not an application to retire.** By submitting this form you are in no way making a commitment to retire. If you are currently purchasing service credit, your estimate will be based on the assumption that your contract will be paid in full before you retire. **NOTE:** If you retire before your contract is paid in full, you have up to 120 days after your retirement date to pay the balance of the contract. When this balance is paid your retirement allowance will be adjusted back to your retirement date to include the service credit that you purchased.

MEMBER INFORMATION (Please Print)

Social Security Number	Employee ID	Birth Date (Mo/Day/Year)	
Last Name	First Name	Middle Name	
Other Name Used	Work Telephone ()	Home Telephone ()	
Address	City	State	Zip Code
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Registered Domestic Partnership <input type="checkbox"/> Separated	Spouse or Domestic Partner's Name	Spouse or Domestic Partner's Birth Date: (MM/DD/YY)	
		Date of Marriage/Registered Domestic Partnership: (MM/DD/YY)	

MEMBERSHIP STATUS: <input type="checkbox"/> Active <input type="checkbox"/> Deferred Vested <input type="checkbox"/> Deferred Reciprocal	Reciprocal System _____ *Reciprocal System Salary _____ <p style="text-align: right;">(Monthly or Annual)</p>
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Please check all items/services that you are requesting:

<input type="checkbox"/>	SERVICE RETIREMENT BENEFIT ESTIMATE <i>(you may request two separate dates for comparison)</i>
	1. Estimated Retirement Date: _____
	2. Estimated Retirement Date: _____
<input type="checkbox"/>	MEMBER STATEMENT
	<input type="checkbox"/> ACCOUNT BALANCE AS OF _____
	<input type="checkbox"/> REVIEW / UPDATE THE FOLLOWING INFORMATION

<input type="checkbox"/>	OTHER REQUEST (specify): _____

Member Signature

Date