



San Diego County Employees
Retirement Association

Retirement Application Request

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

MEMBER INFORMATION			
Full Name		Social Security Number	
Mailing Address		Birthdate	
City	State	Zip	Daytime Telephone Number
<input type="checkbox"/> Mail to the address listed above. <input type="checkbox"/> Email to this address: _____			Estimated Retirement Date (mm/dd/yyyy)

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 www.sdcer.org .	
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 _____