

Name (last, first, middle initial)	Social Security no.
Address—number and street	Birth date (mo/day/year)
City, State, Zip	Telephone number

This authorizes the San Diego County Employees Retirement Association (SDCERA) to take a deduction from my monthly retirement allowance for the CECO as follows:

County Employees Charitable Organization Contribution of \$_____per month

This election supersedes all previous elections and becomes effective the first available payroll period following SDCERA's receipt of this form.

Signature: _____ Date: _____