



San Diego County Employees
Retirement Association

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 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 _____