

Requirements:

- Must be within 3 years of retirement eligibility.
- Estimated retirement date may not exceed 3 years from date of request.

RETIREMENT BENEFIT ESTIMATE REQUEST

			R	egular Retirer	tirement DROP Retirement				
Ма	m	ber Name:					Today's Da	ate:	
		ess:					_ Email:		
						Telephone Number:			
		Last 4nated		D Calana DOD					
Retirement Date						Beneficiary DOB:			
(List only ONE						Relation	ship to Memb	er:	
date.) ESTIMATES REQUES			IESTED: DI E	ASE CHECK ALL	THAT ADDI V				
	1					nusal hanafit u	non death of me	ember)	
\vdash		Regular retirement: Maximum Benefit (highest benefit; no spousal benefit upon death of member) Regular retirement: Option 2 (spouse receives same member benefit upon death of member)							
		Regular retirement: Option 3 (spouse receives 50% of benefit upon death of member)							
		Regular retirement: Option 4 (beneficiary is not a spouse)							
the	7	years before	re your antic		ent date. If thi	s informatio	n is not provi		ne, BY MONTH, for IOT be considered
			Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7 (current)
		cify year							
		ary							
		uary							
March									
April									
May									
Ju	ne	,							
Ju	ly								
August									
	September								
		ber							
		ember							
		ember	<u> </u>		<u> </u>		1.		
			IT: Do you h	ave ANY perio ow.	ds of leave wi	ithout pay du	ıring your ser	vice?	Yes No
pur the PEI unc	pc Lc RS er	oses only a puisiana Re Board po stand that	and in no we evised Statu licies shall prior to retire	ay constitute tes and Consti serve as the	s a contract itution, releval guide to payles, including s	between m ont Federal Femont of being service cred	yself and Place Regulations and merits to mer	ERS . I furthe and Laws, as mbers partic	for informational er acknowledge that well as the official ipating in PERS. I ne PERS actuary. I
Member Signature							Employer Representative		