Office: (253) 502-8200 Fax: (253) 502-8660

Email: TERSretirement@cityoftacoma.org

RETIREMENT ESTIMATE REQUEST

- If you <u>are not retiring within six months</u>, please use our online benefits calculator located on our website at <u>www.cityoftacoma.org/retirement</u>.
- If you are retiring within six months, please complete this form and return it to our office. Estimates may take up to four weeks to complete.

MEMBER INFORMATION						Control No.:				
First Name		MI Last Name					Member/Employee Number			
Estimated Retirement Date(s)	1)			2)		Comments:				
Spouse or Date of Bi Domestic Partner			rth	<u>OR</u>	(Lifetime	Beneficiary Dat ifetime Benefit for Non-legal partner/Non-spouse)			ate of Birth	
ADDITIONAL OPTIO	NS									
	I am in	tereste	d in the	option(s) b	elow to inc	crease my bei	nefit:			
Purchase of Additional Service Credits (Up			ts (Up to	5 years not to exceed 30 years total)			,	Years Months		
Purchase Additional Annuity (Using existing Overtime/Additional Contr						ributions)	Full Amt Partial Amt - \$			
Social Security Mod	ification (Provide i	Age 62 So	cial Security	Benefit Esti	mate documen	t)			
Disability (Must com	plete Parts	1 and 2	of Disabi	lity Applicatio	on)					
PC	RTABILI	ΓΥ OR	DUAL	MEMBERS	SHIP IN V	WASHINGTO	ON ST	TATE		
RCW Chapter	=		= =		=	on benefits b	etwee	n eligible	plans.	
I am a member of the fo	_		-	ms (check b	ox)					
<u>Department of Retireme</u>	s (DRS)		<u>First Class Cities</u>							
Teachers' Retirement System (TRS			RS)				Seattle			
Public Employees' Retirement System (PERS								Spokane		
School Employees' R		-								
Washington State Pa				-	(15055.2					
Law Enforcement Of	-	_		•	•) o request an e	ctima	to		
	contact of	ilei iet	ii eiiieiit	393121113 32	paratery to	request an e	Stillia	···		
Signature:				Date:						
	Se	end m	y estima	ate(s) to <u>or</u>	ne of the	following:				
Address:										
E-mail:										
☐ City Interoffice/Mai										