

## **APPLICATION FOR SUPPLEMENTAL RETIREMENT BENEFIT**

ECTION 1: MEMBER'S INFORMATION (Appl			
ame	Date of Birth	Social Security I	Number
rrent Mailing Address	City	State	Zip Code
nail	Phone	Date of Retirer	nent
ember Signature	Date		
ease provide a copy of the following along with y 1. Driver's License and Social Security Card 2. Updated Electronic Deposit Form 3. Updated W-4P for federal withholding	our application:		
ECTION 2: EMPLOYMENT TERMINATION CE	RTIFICATION – CERTIFIED TRUE ANI  Date of Last Paycheck		PLETED BY E
DA Office:	Date of Last Paycheck		
DA Office:	Date of Last Paycheck	Child Support, Yes	/IVD Employee
DA Office:	Date of Last Paycheck  Days Paid on Last Paycheck Hourly R	Child Support, Yes	/IVD Employee
DA Office:  Last Date on Active Payroll Number of	Date of Last Paycheck  Days Paid on Last Paycheck Hourly R	Child Support, Yes	/IVD Employee
DA Office:  Last Date on Active Payroll Number of  Last month for which Contributions will be Report	Date of Last Paycheck  Days Paid on Last Paycheck Hourly R	Child Support, Yes	/IVD Employee
DA Office:  Last Date on Active Payroll  Number of  Last month for which Contributions will be Report  Any Known Dates of Leave Without Pay	Date of Last Paycheck  Days Paid on Last Paycheck Hourly R	Child Support, Yes Rate of Pay	/IVD Employee

\*\*Please be advised that contributions should not be withheld for annual/sick leave payouts\*\*