



SFERS

San Francisco Employees' Retirement System
1145 Market Street, 5th Floor, San Francisco, CA 94103
Telephone (415) 487-7000, 8 a.m. – 5 p.m. Monday-Friday

Application for Voluntary Retirement MISCELLANEOUS MEMBERS SIDE A

1. Member Information

Name (First, Middle Initial, Last)	Social Security Number	Birth Date	Today's Date
Mailing Address (Street, City, State, Zip Code)		Daytime Phone Number	
SFERS Plan Membership	Position/Title		
Miscellaneous: Charter Section : _____	Department/Division/Branch		

2. Type of Retirement

Retirement Requested (Check one box) <input type="checkbox"/> Service <input type="checkbox"/> Service with Stipulation for Disability <input type="checkbox"/> Vesting <input type="checkbox"/> Vesting with Stipulation for Disability	Effective Retirement Date: _____
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3. Qualified Survivor Information

Marital Status (Check one box) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership	Spouse/Domestic Partner Information (Complete if applicable.) Date your marriage/domestic partnership began: _____ Is a copy of your marriage/domestic partnership certificate on file with SFERS? Yes <input type="checkbox"/> No Spouse/Domestic Partner Name: _____ Spouse/Domestic Partner Social Security Number: _____ Spouse/Domestic Partner Birth Date: _____
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Unmarried Children Under Age 18

Child's Name (First, Middle Initial, Last)	Mailing Address (Complete only if address is different from member's)	Birth Date (MM/DD/YY)	Social Security Number
			Child
			Child
			Child

4. Payout Election**

- Automatic Payout:** Unreduced Lifetime Pension with 50% Continuation Payout to Qualified Survivor
- Option 1 Payout:** Reduced Lifetime Pension with 50% Continuation Payout to Qualified Survivor *and* Unused Retirement Account Balance Payout, if any, to Named Beneficiary
- Option 2 Payout:** Reduced Lifetime Pension with 100% Continuation Payout to Named Beneficiary (If you have a spouse/domestic partner, see Option 2 information on Beneficiary Designation Fact Sheet).
- Option 3 Payout:** Reduced Pension with Designated Continuation Payout to Named Beneficiary (If you have a spouse/domestic partner, see Option 3 information on Beneficiary Designation Fact Sheet)

If you elect one of the reduced pensions (Option 1, 2, or 3 Payout), you must also complete the Beneficiary Designation Form.

** **For members who are also applying for disability retirement:** Once your pension begins, you may not change your payout election even if your disability retirement is approved at a later date. Also, if you elect the automatic payout and are eventually approved for disability retirement, the percentage amount of the continuation payout may change, depending on your employment category and whether your disability is work-related. See a SFERS staff member for details.

5. Member Acknowledgment

Read the applicable paragraphs and place your initials on the lines next to them to indicate that you understand their content. At the bottom of this section, sign and print your name, and enter the requested information in the applicable spaces provided below. *If you complete this form outside the SFERS office, you must complete this section in the presence of a notary public.*

I affirm that the information I have provided on this form is complete and true to the best of my knowledge and beliefs. In addition, I understand the following:

_____ My actual pension amount may differ from the estimate received during my retirement counseling session at SFERS.

_____ Any misstatement or omission I make on this form or during my counseling session with SFERS may affect my benefit.

N/A This paragraph applies only if you are also electing disability retirement: SFERS is required to process my service (or vesting) retirement application without prejudice and without regard to my application for disability retirement. My service (or vesting) retirement benefits may begin while my disability retirement application is under review. If my application for disability retirement is denied, I will remain retired under the service (or vesting) retirement provided under the applicable Charter sections.

Member Signature

Member Name (please print)

DRAFT

Social Security Number

Date

6. Notary

This individual appears to be known as the person described on this form and has sworn that the statements contained on this form are true to the best of the individual's knowledge and beliefs. In addition, this individual has completed Section 5 of this form in my presence and, by doing so, has acknowledged his/her understanding of the contents therein.

Signature of Notary

County

State

Notary Seal

SFERS Use Only

Form completed at Yes No

Reviewed by: _____

Retirement #:

Date Received: _____

Date Approved: _____

Charter Code: _____

Staff: _____

Staff: _____

Notes: