

APPLICATION FOR RETIREMENT BENEFITS

To: Retirement Board

ACters (AC Transit Employees' Retirement System)
1600 Franklin Street
Oakland, California 94612

In accordance with the rules of the AC Transit Employees' Retirement Plan, I apply for retirement from active service:

Full Name *(please print)*: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (_____) _____ Alternate Number: (_____) _____

Email Address: _____ Date of birth: _____
(Proof of birthdate must be provided)

Badge: _____ Position: _____ Division: _____ Union: _____

I will have completed _____ years of continuous service with the District when I retire.

I am aware that there are various options available to me at retirement. I will provide the Retirement Board my option selection on the form provided by the Retirement System within the required time limits.

I request that my retirement become effective on the first day of _____ 20_____
(month)

If I select one of the available options, my beneficiary will be *(full name)* _____
(Please print)

Relationship: _____ Beneficiary's Date of Birth: _____
(Proof of birthdate must be provided if a beneficiary option is elected)

I understand that my application for retirement is revocable prior to my requested retirement date. If I wish to change my retirement date after submitting my application, I should submit any changes in writing to retirement staff as soon as possible.

Signature of Applicant: _____ Date: _____

Signature of Department Head: _____ Date: _____

Signature of AGM: _____ Date: _____
(Required for Unrepresented and AFSCME members only)