

## 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 Employees' Retirement Plan, I hereby apply for retirement from active service of AC Transit:

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)*

**\*If you or your eligible dependent will be 65 or older when you retire, please contact the Benefits Department at (510) 891-4847 or (510) 891-4786.**