

APPLICATION FOR VESTED RETIREMENT BENEFITS

To: *ACters*

**AC Transit Employees' Retirement System
1600 Franklin Street
Oakland, California 94612**

In accordance with the rules and regulations of the Employees Retirement Plan applicable to my job or position, I hereby make application for my vested retirement benefits from the AC Transit Employees' Pension Plan.

Full name (please print): _____

Address: _____

City: _____ St: _____ Zip _____

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

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

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

I completed _____ years of continuous service with the District and its predecessor companies.

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 of the pension rules and regulations.

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) _____

Relationship _____ Beneficiary's date of birth: Month _____ Day _____ Year _____
(Proof of birthdate and marital status must be furnished 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.

I understand any new retirement application will be in accordance with the rules of the Retirement Plan.

Signature of Applicant: (Name in full) _____ Date _____