



REQUEST FOR ESTIMATE

MEMBER INFORMATION		
Last Name	First Name, MI	SSN*
Date of Birth	Retirement System (Check one) <input type="checkbox"/> Public Employees' <input type="checkbox"/> Judges' <input type="checkbox"/> Highway Patrol Officers' <input type="checkbox"/> Sheriffs <input type="checkbox"/> Game Wardens' and Peace Officers' <input type="checkbox"/> Municipal Police Officers' <input type="checkbox"/> Firefighters' Unified <input type="checkbox"/> Volunteer Firefighters' Compensation Act	
Mailing Address		
City	State	Zip Code
Phone Number	Email Address	
TYPE OF ESTIMATE REQUEST:		
<input type="checkbox"/> Service Retirement	<input type="checkbox"/> Disability Retirement	
<input type="checkbox"/> DROP	Anticipated DROP Start Date _____	
<input type="checkbox"/> Volunteer Firefighters Compensation Act (VFCA)		
PLEASE CHECK ONE OF THE FOLLOWING:		
<input type="checkbox"/> Official Estimate Request	<input type="checkbox"/> Unofficial Estimate Request	
DATE OF RETIREMENT		
I have terminated (or may terminate) on _____ Month/Day/Year		
_____ I am considering retirement as of the first day of the month following my termination;		
or am waiting to retire on the first day of _____ Month/Year		
ADDITIONAL NOTES _____ _____ _____		
Beneficiary Information (For estimate purposes only - this will not change your existing designation.)		
Name	Birthdate	Relationship
MEMBER SIGNATURE		
Signature		Date

* For identification and tax purposes. §19-2-403(8) MCA, 26 USC § 6109