



REQUEST FOR BENEFIT ESTIMATE

Retirement System _____

Date _____

Type of Retirement (please check one)

- Service Retirement
- Disability Retirement
- Volunteer Firefighters Compensation Act (VFCA)

Notes

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**

I am waiting to retire on the first day of _____
Month/Year

Please prepare estimates of the retirement options available as of these dates.

Name _____

Address/PO Box _____

City _____ ST _____ Zip _____

Birthdate _____ Phone Number _____

Social Security Number* _____

Beneficiary Information (for estimate purposes only)

Name _____

Birthdate _____

Relationship _____

 Signature of Member

MPERA Use Only
_____ Telephone Request
_____ Staff initials