



SERVICE RETIREMENT ESTIMATE REQUEST

Type or print in ink.

FIRST NAME:	MI:	LAST NAME:	DATE OF BIRTH:	SOCIAL SECURITY NUMBER:
MAILING ADDRESS:		CITY:	STATE:	ZIP CODE:
HOME PHONE:	CELL PHONE:	EMAIL ADDRESS:		
EMPLOYER:	DEPARTMENT:	DATE OF MARRIAGE/RDP:		

Request Estimate Returned to me via: Email US Mail

ESTIMATE DATES: MUST BE WITHIN FIVE (5) YEARS OF TODAY'S DATE

Date Request 1: _____

Date Request 2: _____

Date Request 3: _____

SALARY INFORMATION

- Use current salary StanCERA has on file.
- Use my own projected salary as: \$ _____
- Use my estimated reciprocal salary as: \$ _____

Tier 3 Members are required to provide and attach copy of Social Security Estimate.

SOCIAL SECURITY MODIFICATION (OPTIONAL)

- I request a Social Security Modification be added to my estimate:

Estimated Social Security amount at age 62: \$ _____

SIGNATURE

StanCERA will calculate one (1) estimate request per member in a six (6) month period. Member may choose up to three (3) dates within five (5) years of submission date.

Estimate requests beyond five (5) years or within (6) months of the date of last calculations will not be calculated.

Signature: _____

Date: _____

