

Date of Request: _____

Retno: _____
Office Use Only

Retirement Estimate Request Form

SSN#: _____ **Retirement Date:** _____

Department: _____ **Resignation Date:** _____

Member Birth Date: _____

Spouse/Dom. Partner Birth Date: _____ Indicate if Not married

Name: _____

Address: _____

City: _____ **ST:** _____ **Zip:** _____

Day Phone: _____ **Home Phone:** _____

Comments: _____

.....
FOR OFFICE USE ONLY: # of Estimates ___ Dual Member ___ Vesting ___

Date: _____ **Received By:** _____

Retirement #: _____ **Membership Date:** _____

Estimate Prepared By: _____	Date Completed: _____
Comments: _____	

Audited By: _____ **Date Completed:** _____

Date of Final Audit & Mailed By : _____

Total Days from date request received until date estimate mailed:

Seattle City Employees' Retirement System

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