



Defined Benefit Pension Form

Date: _____

Contact information

Contact Name: _____

Firm Name, if applicable: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Member (Pensioner) and Spouse information

Member Name: _____

Member Date of Birth: _____ Gender: _____

Spouse Name: _____

Spouse's Date of Birth: _____ Gender: _____

Date of Marriage or RDP: _____ Date of Separation: _____

Member (Pensioner) Plan information

Employer: _____

Name of Plan: _____ Date entered Plan: _____

Still employed in the Plan? Yes _____ No _____ If no, Date of termination: _____

If yes, please list the highest three years of annual salary _____

Is Member currently receiving retirement benefits? If so, what is monthly benefit? _____

At retirement, were Survivor benefits elected? If yes, please explain: _____

Do any of the following apply? If yes, please explain

Break in Service, Part time employment, Military Buyback, Reciprocity, Service credits purchased

Please provide:

A current member benefit statement

A copy of 2 current pay stubs

Payment method (\$200):

Check___ PayPal invoice___

Credit card type: M/C___ Visa___ Amex___

Name on card: _____

Credit card #: _____

Exp: _____