



Application for Retirement Pension

Name _____ SSN _____
Department _____ Employee Number _____ Birth Date _____
Street _____ City _____ State _____ Zip _____
Phone _____ E-mail _____

If Married (provide marriage license or, if common law, written declaration of informal marriage):

Spouse's Name _____ Spouse's SSN _____
Spouse's Birth Date _____ Date of Marriage _____

Dependent Children Currently under 18 Years of Age (include adopted and disabled children):

Name _____ SSN _____ Birth Date _____
Name _____ SSN _____ Birth Date _____
Name _____ SSN _____ Birth Date _____

Emergency Contact (other than spouse):

Name _____ Relationship _____ Phone _____
Street _____ City _____ State _____ Zip _____

I declare under penalty of perjury under the laws of the United States of America that the forgoing is true and correct:

- I have not been married at any time during my employment with the City of Dallas.
- My current marital status is _____. I have been married to the individual(s) named below during my employment with the City of Dallas, and have provided to the Employees' Retirement Fund copies of all divorce decrees and/or death certificates:

The Texas Open Records Act allows pensioners to choose whether or not they wish to have home addresses and telephone numbers made available to the public. *(Check one.)*

- I will allow** public access to my home address and telephone number.
- I do not want** my home address and telephone number made available to the public.

Survivor Options:

- Only qualified recipients (such as your spouse, disabled child, or dependent parent) are entitled to monthly survivor benefits for life. If you have no qualified recipient who is eligible to receive life-time survivor benefits, you must select the “Life” option below.
- All pension benefits are guaranteed for ten years. Therefore, if you (and your qualified recipient, if any) die within ten years of your retirement date, a benefit may be payable to your estate or to your designees. You may change your designees, by submitting a new form, at any time. Under the “Life” option below, your children may be entitled to monthly benefits through the earlier of age 18 or the end of the ten-year guarantee period.
- If you have a qualified recipient who is eligible for a life-time benefit:
 1. You may elect to receive an unreduced pension that would, upon your death, pay your qualified recipient one-half of the pension amount you were receiving for the rest of his or her life. This is the “Joint and 50%” or “Joint and Half” survivor option.
 2. If you have fifteen or more years of credited service, or if you are an active employee who is retiring on or after reaching age 60, you may choose to receive a reduced pension benefit that would, upon your death, provide your qualified recipient with the same pension amount you were receiving for the rest of his or her life. This is called a “Joint and 100%” or “Joint and Full” survivor option.
 3. You may not change your survivor option or your qualified recipient after retirement.

I (we, if married) have read and understood the information provided above and make application for pension benefits provided under the Employees’ Retirement Fund of the City of Dallas. I (we), in the presence of a Notary Public, have selected the survivor option circled below and have signed directly below the option selected.

Joint and Half. (An unreduced pension that pays one qualified recipient half of that amount for life.)

Member’s Signature

Spouse’s Signature

Joint and Full. (A reduced pension that pays one qualified recipient that same amount for life.)

Member’s Signature

Spouse’s Signature

Life. (An unreduced pension that pays one or more qualified recipients for no more than ten years.)

Member’s Signature

Spouse’s Signature

BEFORE ME, the undersigned authority, on this day personally appeared the individual(s) named above, and under oath stated that this Application for Retirement Pension is given for the purpose and consideration stated therein; that the same is in all respects true and correct, and is given with the knowledge and intent that the Employee’s Retirement Fund of the City of Dallas will rely thereon.

SUBSCRIBED AND SWORN TO BEFORE ME on this _____ day of _____, 20____ to certify which witness my hand and seal of office.

NOTARY PUBLIC in and for

County of _____

State of _____