Retirement Application

MEMBER INFORMATION

Employee Name: SSN:

Department: Employee Number: Date of Birth:

ADDRESS

Street: City: State: Zipcode:

Telephone: Email Address:

FAMILY INFORMATION

MARITAL HISTORY - *I declare under penalty of perjury under the laws of the United States of America that the following is true and correct:*

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

MARITAL STATUS *(check one):*

◯ Married ◯ Single ◯ Divorced ◯ Separated ◯ Widowed

Spouse Name: SSN:

Date of Birth: Date of Marriage: Telephone:

DEPENDANT CHILDREN - *under the age of 18, including legally adopted children*

Name: SSN: Date of Birth:

Name: SSN: Date of Birth:

Name: SSN: Date of Birth:

Name: SSN: Date of Birth:

EMERGENCY CONTACT *(someone other than your spouse)*

Name: Telephone: Email:

Street: City: State: Zipcode:

The Texas Public Information Act allows retirees to choose whether or not they wish to have home address & telephone numbers made available to the public, indicate your preference below.

- ◯ I will allow public access to my home address and telephone number
- ◯ I will not allow public access to my home address and telephone number

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SURVIVOR OPTIONS

Only qualified recipients; your spouse, dependent or disabled child or dependent parent are entitled to monthly survivor benefits for life. If you have no qualified recipient who is eligible to receive lifetime 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 designee(s) 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 reaching age 18 or the end of the ten year guarantee period.

If you have a qualified recipient who is eligible for a lifetime benefit, you must select one of the following three options:

- **Joint and Half Survivor Option Tier A Member:** 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.
- **Joint and Half Survivor Option Tier B Member:** You may elect to receive a reduced 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.
- **Joint and Full Survivor Option:** If at the time of normal, early, service or disability retirement, a member who is eligible by age and years of credited service for a normal, early or service retirement pension or a member or inactive member who is retiring with 15 or more years of credited service 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.
- **Life Option:** You may not change your survivor option or your qualified recipient after retirement.

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NOTARIZATION

I (we if married) have read and understand 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 signed directly below the option selected.

JOINT AND HALF

Signature

Spouse's Signature

JOINT AND FULL

Signature

Spouse's Signature

LIFE

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, this _____ day of _____ , 20 _____

to certify which witness my hand and seal of office. _____

Notary Public in and for

_____ County

_____ State