



REQUEST FOR RETIREMENT ESTIMATE

**FORM
108**
(Rev. 2022)

Purpose of the Form: Use this form to request a retirement estimate.

Instructions: Complete form in blue/black ink and return to CCCERA. Submit original document only; fax/email copies will not be accepted.

| Member Information | | |
|---------------------------------------|--------|------------------------------------|
| Full Name | | Last 4 of Social Security Number |
| Street or P.O. Box | Apt. # | Employee # |
| City | State | Zip Code |
| Daytime Phone Number (with area code) | | Work Phone Number (with area code) |

| Retirement Information | | |
|--|----------------------|----------------------|
| Retirement date(s) for which you would like an estimate: | Date #1 - mm/dd/yyyy | Date #2 - mm/dd/yyyy |

| Service Purchase Information (date ranges - mm/dd/yyyy) |
|---|
| Time prior to membership (pick-up): |
| Redeposit: |
| Prior public service: |
| Public Agency _____ Years _____ |
| Military Branch _____ Years _____ |
| Leave of absence: |
| Service conversion: |

| Other Comments |
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| RETIREMENT STAFF USE ONLY | | |
|---------------------------|-------|-------------------|
| Received by: | Name: | Date - mm/dd/yyyy |