APPLICATION FOR RETIREMENT BENEFITS

To: Retirement Board $A Cters \ \ ({\it AC Transit Employees' Retirement System})$ 1600 Franklin Street Oakland, California 94612

In accordance with the rules and regulations of the Employees Retirement Plan applicable to my job or position, I hereby make application for retirement from active service of AC Transit:

-ull name (please print): _					
Address:					
				Zi _l	p:
Telephone Number: ()	Alte	rnate Number:	()	
Date of birth: Month Proof of birthdate must be	provided) Da	،y		Year	
Badge:	Position:		Division:		Union:
will have completed	years of continuous s	ervice with	n the District an	id its predecess	sor companies when I retir
	various options available to medded by the Retirement System				
request that my retiremen	t become effective on the first	t day of _	(month)	<u> </u>	20
	ole options, my beneficiary will		, ,		
Relationship Proof of birthdate and mar	Beneficiary's Date	of Birth: if a benefic	Month ciary option is e	Day elected)	Year
aking formal action on this	my request for retirement may application. Any request to w application will become null a	vithdraw m			
understand any new retire	ement application will be in ac	cordance	with the rules c	of the Retireme	nt Plan.
Signature of Applicant: (Na	me in full)			Date	
Signature of Department H	ead:			Date	
Signature of AGM:(R	Required for un-represented and a	AFSCME n	nembers only)	Date:	
	Retirem	ent Syste	m use only		
Approved by the Retirem	ent Board				
Signature _			Dat	te	