

**IMPERIAL COUNTY EMPLOYEES RETIREMENT SYSTEM**  
**Application for Service Retirement**

NAME (FIRST) (MI) (LAST)	SOCIAL SECURITY NUMBER
MAILING ADDRESS  _____ NUMBER & STREET/P.O. BOX _____ CITY STATE ZIP CODE	RETIREE'S DATE OF BIRTH MONTH DAY YEAR
	TELEPHONE NUMBER(S) WORK:
	HOME:
*EFFECTIVE DATE OF RETIREMENT: MONTH DAY YEAR	BENEFICIARY: NAME: _____ ADDRESS: _____ _____
TYPE OF MEMBERSHIP: GENERAL: <input checked="" type="checkbox"/> SAFETY: <input type="checkbox"/>	BENEFICIARY'S SOCIAL SECURITY # RELATIONSHIP TO YOU BENEFICIARY'S BIRTH DATE MONTH DAY YEAR
OTHER RETIREMENT SYSTEMS - ARE YOU A MEMBER OF ANOTHER PUBLIC RETIREMENT SYSTEM OTHER THAN SOCIAL SECURITY OR MILITARY? <div style="text-align: right;"> <input type="checkbox"/> YES <input type="checkbox"/> NO         </div> IF "YES", NAME OF SYSTEM: _____	
A. WILL YOU HAVE BEEN MARRIED AT LEAST ONE YEAR PRIOR TO YOUR RETIREMENT DATE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. DO YOU HAVE ANY UNMARRIED CHILDREN WHO ARE UNDER AGE 18?	<input type="checkbox"/> YES <input type="checkbox"/> NO
**C. DO YOU WANT YOUR LAST YEAR WORKED AS YOUR ONE YEARS HIGHEST SALARY? IF YOUR ANSWER IS NO, WHAT YEAR WOULD YOU LIKE TO USE?	<input type="checkbox"/> YES <input type="checkbox"/> NO _____
D. DO YOU WISH TO PURCHASE SERVICE CREDIT BUYBACK?	<input type="checkbox"/> YES <input type="checkbox"/> NO
E. IS SPOUSE CURRENTLY WORKING OR RETIRED FROM IMPERIAL COUNTY? (see attached)	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____ DATE	_____ DATE
_____ SIGNATURE OF WITNESS	_____ SIGNATURE OF APPLICANT
*CANCELING RETIREMENT: Please notify us in writing prior to your effective date of retirement if you wish to withdraw your application. **NOTE: this will be based on compensation earnable during the year immediately preceding your retirement, unless you elect a different year per Govt Code 31462.1	

Direct Deposit- Signature needs to be NOTARIZED or a Signature Guarantee  
Social Security cards - Yours, Spouse, Children (if children under the age of 18)  
Birth Certificate- (if children under the age of 18)  
Marriage Certificate-CERTIFIED

Medical Insurance-Human Resources  
Life Insurance-Human Resources

Set Up Interview Date