



ESTIMATE REQUEST FORM

IMPORTANT: Fully complete and return this form to **SJCERA at contactus@sjcera.org** or **220 E. Channel Street, Stockton, CA 95202**. If an incomplete form is returned, a delay in services may occur.

If you are within 5 years of retirement, please complete this form and return it to SJCERA to receive a retirement benefit estimate. Please remember these are estimates and certain circumstances could change the final benefit. (For example: Leave of Absence, Purchase of Service, Recent and Future pay increases) Please allow about 3 weeks for processing.

SECTION 1: MEMBER CONTACT INFORMATION

Full Name: _____ DOB: _____

SSN: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

SECTION 2: ESTIMATE INFORMATION

Estimated Retirement Dates (Limit 2): _____

Estimated Highest Salary Period (Optional): _____

SECTION 3: BENEFICIARY INFORMATION

Beneficiary Name: _____

Beneficiary DOB: _____ Relationship to Member: _____

Date of Marriage/Registered Domestic Partnership (If applicable): _____

SECTION 4: ACKNOWLEDGEMENT

- Retirement estimates will be based upon your most recent Salary Period unless noted above.
- If your dates are more than five years out, SJCERA's Benefit Calculator can more quickly provide you with an estimate to assist with future planning.
- All information provided on retirement benefit estimates are automatically generated, are not audited and is not binding.

Member Signature: _____ Date: _____