



CITY OF BATTLE CREEK POLICE AND FIRE RETIREMENT SYSTEM



APPLICATION FOR SERVICE RETIREMENT BENEFITS OR VESTED BENEFITS

TO: Board of Trustees of the City of Battle Creek Police and Fire Retirement System

cc: Department Head

Member Name: _____ Social Security #: _____

Date of Birth: _____ Department: _____ Telephone: _____

Address: _____

Name of Spouse (if any): _____ Spouse's SS#: _____

Spouse's Date of Birth: _____ Date of Marriage: _____

Evidence Submitted for Marriage: _____

If previously married, please provide copy of any domestic relations orders.

My last day of employment was or will be: _____. I am hereby making an application for: ____ Service Retirement Benefits _____ Vested Benefits

I request that my retirement become effective on month _____, day _____, year _____.

I am covered by the following collective bargaining agreement (if any): _____.

If I elect an optional form of retirement, my option beneficiary will be:

_____	_____
Name of beneficiary	Relationship

Note: If you are married, your spouse must consent to a benefit election which is any form other than an election which provides your spouse a survivor benefit. Your spouse must also consent to the designation of a beneficiary other than your spouse

Date of Birth: _____ Social Security #: _____

Evidence Submitted for Date of Birth: _____

Please provide me with a retirement estimate/calculation/option sheet. Upon receipt, I will indicate the manner in which I wish to receive my retirement allowance.

_____	_____
Member Signature	Date

FOR RETIREMENT SYSTEM USE ONLY

Date of Hire: _____ Date Received: _____

Years of Service: _____ By: _____