



RETIREMENT APPLICATION PACKET CHECKLIST

FOR EMPLOYEES OF THE CITY OF SAN RAFAEL, THE SAN RAFAEL REDEVELOPMENT AGENCY, AND NOVATO FIRE

THIS PACKET CONTAINS THE FOLLOWING DOCUMENTS:

- Retirement Information sheet
- Retirement Application form
- Certification form
- Direct Deposit form
- MCREA Address Release form (optional)
- Federal and California State Tax Withholding forms

YOU MAY USE THE CHECKLIST BELOW AS A GUIDE TO ENSURE THAT YOU RETURN A COMPLETE RETIREMENT APPLICATION PACKET TO MCERA:

- Signed Retirement Information sheet
- Completed Retirement Application form
- Completed Certification form
- Completed Direct Deposit form (as applicable)
- Completed MCREA Address Release form (as applicable)
- Federal and California State Tax Withholding forms (as applicable)
- Certified copy of each beneficiary's birth certificate
- If beneficiary is a spouse, a certified copy of a government-issued marriage license
- If beneficiary is a domestic partner, a certified copy of the State of California Domestic Partnership Registration

IF YOU HAVE PREVIOUSLY BEEN MARRIED OR WERE A DOMESTIC PARTNER WITH AN INDIVIDUAL WHO IS ENTITLED TO A PORTION OF YOUR BENEFITS, PLEASE ALSO INCLUDE:

- Certified copy of dissolution documents, as applicable
- Certified copy of a court-filed property settlement relating to issuance of retirement benefits and/or Qualified Domestic Relations Order (QDRO)

SUBMIT COMPLETED RETIREMENT APPLICATION PACKET TO:

MCERA
One McInnis Parkway, Suite 100
San Rafael, CA 94903
(415) 473-6147



RETIREMENT INFORMATION

FOR EMPLOYEES OF THE CITY OF SAN RAFAEL, THE SAN RAFAEL REDEVELOPMENT AGENCY, AND NOVATO FIRE

(PLEASE PRINT)

APPLICANT INFORMATION:

NAME

SOCIAL SECURITY NUMBER

The following information is provided to familiarize prospective retirees with the basic retirement procedures and benefits. This information is not intended to be all-inclusive and any questions you may have should be directed to the Retirement Office, at One McInnis Parkway, San Rafael, telephone number (415) 473-6147.

1. APPLYING FOR RETIREMENT

Applications can be obtained from the Retirement Office, One McInnis Parkway, San Rafael, and should be submitted no later than the day before your retirement and no earlier than sixty (60) days prior to your date of retirement. We strongly recommend that you submit your application not less than thirty (30) days prior to your planned retirement.

Three components determine the amount of the monthly retirement allowance. They are (1) your age at the time of retirement, (2) your length of service (including any buybacks), and (3) your highest one- or three-year's compensation, called "final compensation", as applicable. Unless otherwise requested, the final compensation used to compute benefits will be the most recent period of employment.

2. COST OF LIVING ADJUSTMENTS

Any potential annual cost of living adjustments (COLA) to retirement allowances are paid as of April 1 of each calendar year. In order to receive a cost of living adjustment, you must be a retiree before April 1.

3. INCOME TAX

A portion of your monthly benefits may be excludable from your gross income for Federal and/or California State income tax purposes. The Retirement Office does not and cannot give tax advice. Contact your accountant or other reliable tax consultant for advice.

I have read and understand the information contained above.

APPLICANT SIGNATURE

DATE



RETIREMENT APPLICATION

FOR EMPLOYEES OF THE CITY OF SAN RAFAEL, THE SAN RAFAEL REDEVELOPMENT AGENCY, AND NOVATO FIRE

(PLEASE PRINT)

1. PERSONAL INFORMATION:

APPLICANT

LAST NAME

STREET ADDRESS

FIRST NAME

CITY / STATE / ZIP

SOCIAL SECURITY NUMBER

TELEPHONE

SPOUSE/DOMESTIC PARTNER

LAST NAME

SOCIAL SECURITY NUMBER

FIRST NAME

2. RETIREMENT DATE: _____

[NOTE: Retirement date must be different than your planned last day of employment.]

3. EMPLOYMENT INFORMATION:

EMPLOYER

LAST POSITION HELD

DEPARTMENT

PLANNED LAST DATE OF EMPLOYMENT

4. BENEFICIARY INFORMATION:

[NOTE: Nomination of beneficiary/beneficiaries below supercedes any previous beneficiary election. You may add additional beneficiaries on a separate page, if necessary.]

PRIMARY

NAME

SOCIAL SECURITY NUMBER

RELATIONSHIP TO MEMBER

DATE OF BIRTH

ADDRESS

MARRIAGE/DOMESTIC PARTNERSHIP
REGISTRATION DATE (IF APPLICABLE)

TELEPHONE NUMBER

SECONDARY

NAME

SOCIAL SECURITY NUMBER

RELATIONSHIP TO MEMBER

DATE OF BIRTH

ADDRESS

MARRIAGE/DOMESTIC PARTNERSHIP
REGISTRATION DATE (IF APPLICABLE)

TELEPHONE NUMBER

By signing below, I hereby make application for a service retirement. Additionally, I acknowledge that to be eligible for any cost of living adjustment that may become payable on April 1st, I must be retired before April 1st.

APPLICANT SIGNATURE

DATE

SPOUSE/DOMESTIC PARTNER SIGNATURE

DATE



CERTIFICATION

(PLEASE PRINT)

APPLICANT INFORMATION:

NAME _____

EMPLOYER _____

SOCIAL SECURITY NUMBER _____

RETIREMENT DATE _____

The Board of Retirement for the Marin County Employees' Retirement Association (MCERA) has determined that, as of November 1, 2008, Normal Retirement Age (NRA) is fifty-nine (59) for miscellaneous members and fifty (50) for public safety members. All MCERA members who apply to retire before they reach their NRA must complete and attest to the following statements:

1. Immediately prior to my retirement, I have been a _____
(SAFETY or MISCELLANEOUS) member of MCERA.
2. On my date of retirement I will be _____ years of age.
3. Please select one:
 I will have reached Normal Retirement Age (NRA) by my retirement date noted above.
 I will not have reached Normal Retirement Age (NRA) by my retirement date noted above.
4. No employer who is a MCERA plan sponsor has offered to hire me after I retire from my employer noted above and begin to receive a retirement allowance from MCERA.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing information is true and correct.

APPLICANT SIGNATURE _____

DATE _____



**ADDRESS RELEASE FORM
MARIN COUNTY RETIRED EMPLOYEES ASSOCIATION
(OPTIONAL)**

(PLEASE PRINT)

APPLICANT INFORMATION:

NAME

SOCIAL SECURITY NUMBER
(FOR IDENTIFICATION PURPOSES ONLY)

By signing below, I hereby authorize the Marin County Employees' Retirement Association (MCERA) to release only my name and current mailing address and no other personal information to the Marin County Retired Employees' Association (MCREA). This authorization shall remain in effect unless and until I notify MCERA in writing that I wish to revoke this authorization.

APPLICANT SIGNATURE

DATE