



Retirement System Exit Information I

MEMBER INFORMATION

Member Name: _____ Date: _____

Current Address: _____
(Street) (City) (State) (Zip Code)

Date of Hire: _____ Retirement Date: _____

Date of Birth: _____ Soc. Sec. No. _____

BENEFICIARY INFORMATION

Beneficiary Name: _____ Relationship: _____
(Please Print)

Current Address: _____
(Street) (City) (State) (Zip Code)

Date of Birth: _____ Social Security #: _____

Signature of Beneficiary: _____ Date: _____

Please provide a copy of each of the items listed below and check the appropriate box.

- Member's Birth Certificate
- Beneficiary's Birth Certificate
- Marriage License

I, _____, certify that the attached copies are true.
(Print Full Name)

Member Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Witness Name: _____
(Please Print)

Witness Address: _____
(Street) (City) (State) (Zip Code)