



City of Tacoma

Tacoma Employees' Retirement System (TERS)
3628 S. 35th St., Tacoma, WA 98409 • P.O. Box 11007, Tacoma, WA 98411

Office: (253) 502-8200

Fax: (253) 502-8660

Email: TERSretirement@cityoftacoma.org

RETIREMENT ESTIMATE REQUEST

- If you **are not** retiring within six months, please use our online benefits calculator located on our website at www.cityoftacoma.org/retirement.
- If you **are** retiring within six months, please complete this form and return it to our office. Estimates may take up to four weeks to complete.

MEMBER INFORMATION				Control No.:	
First Name		MI	Last Name		Member/Employee Number
Estimated Retirement Date(s)	1)	2)	Comments:		
Spouse or Domestic Partner	Date of Birth		OR	Beneficiary <small>(Lifetime Benefit for Non-legal partner/Non-spouse)</small>	Date of Birth
ADDITIONAL OPTIONS					
<i>I am interested in the option(s) below to increase my benefit:</i>					
<input type="checkbox"/>	Purchase of Additional Service Credits <small>(Up to 5 years not to exceed 30 years total)</small>			Years	Months
<input type="checkbox"/>	Purchase Additional Annuity <small>(Using existing Overtime/Additional Contributions)</small>			<input type="checkbox"/> Full Amt <input type="checkbox"/> Partial Amt \$ _____	
<input type="checkbox"/>	Social Security Modification <small>(Provide Age 62 Social Security Benefit Estimate document)</small>				
<input type="checkbox"/>	Disability <small>(Must complete Parts 1 and 2 of Disability Application; must meet Disability Committee Approval)</small>				
PORTABILITY OR DUAL MEMBERSHIP IN WASHINGTON STATE					
<i>RCW Chapter 41.54 – provides for portability of public pension benefits between eligible plans.</i>					
<i>I am a member of the following retirement systems (check box)</i>					
<u>Department of Retirement Systems (DRS)</u>			<u>First Class Cities</u>		
<input type="checkbox"/>	Teachers' Retirement System (TRS)			<input type="checkbox"/>	Seattle
<input type="checkbox"/>	Public Employees' Retirement System (PERS)			<input type="checkbox"/>	Spokane
<input type="checkbox"/>	Washington State Patrol Retirement System (WSPRS)				
<input type="checkbox"/>	Law Enforcement Officers/Fire Fighters Retirement System (LEOFF 2)				
Contact other retirement systems separately to request an estimate.					

Signature: _____

Date: _____

Send my estimate(s) to one of the following:

Address: _____

Email: _____ Phone (I will Pick up): _____

City Interoffice/Mail Stop: _____