



City of St. Joseph Employees' Retirement System

Application for Service Retirement Benefits or Deferred Benefits

Date: _____

Applicant's Name _____

Social Security Number _____

I, _____, a member of the City of St. Joseph Employees' Retirement

System and employed in the _____ department, do hereby apply for:

Service Retirement Benefit

Deferred Retirement Benefit

I am a member of the following retirement system group:

General Employee

Library Employee

Housing Employee

Public Works Employee

Public Safety Employee

Waste Water Treatment Employee

I request that my retirement become effective on:

My date of birth is:

My effective date of hire is:

***** A copy of your birth certificate is required
as part of this application***

Please provide me with an Election of Retirement Allowance Option and Nomination of Beneficiary form, including a calculated benefit report from the System's actuary. Upon receipt, I will elect my allowance option and return to you with the required documentation.

Full Signature of Member

Street Address

City

State

Zip

Best Phone Number

Do Not Write Below this Line

Employee Number: _____ Date of Hire: _____

Years of Service: _____ Retiree Number: _____