

## **Benefit Estimate Request**

Use this form to request an estimate of your retirement benefits if you are within five years of retirement. Please print legibly. This form can be submitted to SCERS by email, mail, fax, in-person (or drop box during times of Covid), or send via secure message on your Member Self-Service portal account.

Please see "<u>How to Retire</u>" on our website for more information about the retirement process. Seattle Municipal Code requires you to meet with your retirement specialist at least 30 days before your retirement date.

Member Information				
Name (First, Middle Initial, Last)			Today's Date	SCERS ID (for office use only)
Last 4 Social Security #	Primary Phone Number		Primary Email Address	
Additional Information				
Spouse's Date of Birth			osed Retirement Date for nate Purposes Only	
Do you have contributions in DRS or another Washington State public retirement system?			s, which system?	
		1   1	DDC	

Commonts (autional)	
Comments (optional)	
Signature	Date

☐ City of Spokane

☐ City of Tacoma

Seattle City Employees' Retirement System, Jeffrey S. Davis, Executive Director

720 Third Avenue, Suite 900, Seattle, Washington 98104

□ No

Fax: 206.386.1506 Rev. 08/05/2021

□Yes