



THE CITY OF BALTIMORE
EMPLOYEES' RETIREMENT SYSTEM
7 East Redwood Street -- 13th Floor
Baltimore, Maryland 21202-3470
Phone 443-984-3200 Fax 410-528-8428

FOR ERS USE ONLY

PENSION # _____

DATE RECEIVED _____

APPLICATION FOR SERVICE RETIREMENT

Name _____ SSN _____

Address _____

Board of Trustees: In accordance with the provisions of the law governing the operation of the City of Baltimore Employees' Retirement System, I, the undersigned member of the Retirement System, do hereby make application for retirement from active service as a

_____ in _____
TITLE OF POSITION AS IT APPEARS ON PAYROLL DEPARTMENT

Your retirement benefit effective date must be at least 30 days and no more than 90 days after the date of this form.

I request that my retirement benefit become effective on _____.

I was born on _____.

If a Class C or D member, I have attained at least 30 years of service OR at least 5 years of service and age 55.

If a Class A member, I have attained at least 30 years of service OR at least 5 years of service and age 60.

I understand the provisions of Article 22 of the Baltimore City Code relative to the maximum retirement allowance and optional forms of benefits.

I wish to elect the _____ form of benefit.
SERVICE RETIREMENT OPTION

I designate _____ as my beneficiary to receive a benefit upon
NAME OF BENEFICIARY

my death. This individual is my _____,
RELATIONSHIP OF BENEFICIARY TO YOU

who was born _____.
BIRTH DATE OF BENEFICIARY

Signature of applicant

STATE OF _____, CITY/COUNTY OF _____

On this _____ day of _____, 20_____, before me, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to within the instrument and acknowledged that he/she executed the same for the purposes therein contained.

My Commission Expires: _____

Notary Public

[Seal]