



COUNTY OF TULARE
BOARD OF RETIREMENT

136 N AKERS STREET
VISALIA, CALIFORNIA 93291

TELEPHONE (559) 713-2900
FAX (559) 730-2631
www.tcera.org

REQUEST FOR ESTIMATE

EMPLOYEE'S NAME _____ DEPT _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

LAST FOUR of SSN# _____ DATE OF BIRTH _____

HOME PHONE (____) _____ WORK PHONE (____) _____

RETIREMENT TYPE: SERVICE NON-SERVICE DISABILITY
 SERVICE DISABILITY

ESTIMATED DATE (S) OF RETIREMENT (Month, Day, Year) _____
(Maximum of 3)

(BENEFICIARY FOR RETIREMENT CONTINUANCE ONLY)

BENEFICIARY _____ RELATIONSHIP _____

BENEFICIARY'S ADDRESS _____

CITY _____ STATE _____ ZIP _____

LAST FOUR of SSN# _____ DATE OF BIRTH _____ MALE FEMALE

RECIPROcity WITH ANY OTHER PUBLIC RETIREMENT SYSTEM? YES NO

NAME OF SYSTEM _____ HIGHEST SALARY _____

EMPLOYEE AUTHORIZATION FOR ESTIMATE (Signature Required)

EMPLOYEE'S SIGNATURE _____ DATE _____