

REQUEST FOR RETIREMENT INITIATION KIT

Today's Date _____

NOTE: Submit this form 3-4 months before your retirement date to the Retirement Administration Service Center (RASC) via e-fax to: 1-800-792-5178 or via mail to: University of California – RASC, P.O. Box 24570, Oakland, CA 94623-1570. Your Personal Retirement Profile and packet will not be mailed to you until you are within 90 days before your retirement date.

Name: _____ Birth Date: _____ Last 4 digits of SSN: _____

Campus Location: _____ Daytime phone: _____ Home phone: _____

Home Mailing Address: _____

E-mail Address: _____

UCRP Retirement Date: _____ Separation Date: _____

(The separation date must precede the retirement date by at least one day)Do you anticipate any changes in your current appointment prior to retirement? Yes No

If yes, please explain: _____

Do you have any eligible survivors? Yes No A survivor may include spouse/domestic partner, dependent children (under the age of 18, 22 if full-time student(s) or disabled), and/or dependent parents. If yes, please provide name(s), birth date(s), relationship(s) and marriage/partnership date below (use back of sheet if more room is need):

| Name | Birth Date | Relationship | Marriage/Domestic Partner Date |
|------|------------|--------------|--------------------------------|
|------|------------|--------------|--------------------------------|

| Name | Birth Date | Relationship |
|------|------------|--------------|
|------|------------|--------------|

If you have an eligible child, is he/she disabled? Yes No If yes, provide disability date: _____If you have a spouse/domestic partner, is he/she also a UC employee? Yes No Do you have anyone you would like to name as your contingent annuitant? Yes No

(Purpose: To leave a monthly lifetime benefit to someone after your death. In order to provide this, you receive a reduced monthly benefit while you are alive. A contingent annuitant does not have to be an eligible survivor, but you may name only one contingent annuitant). For more information, refer to page 7 of the Retirement Handbook. If yes to the above, please provide the name and birth date of your contingent annuitant:

| Name | Birth Date |
|------|------------|
|------|------------|

Will any of the following covered under your UC medical plan be eligible for Medicare upon your retirement?

You Your Spouse Your Domestic Partner Your child Name of child: _____Do you have any prior service, or expect to apply for separate retirement benefits, under the following California state retirement systems? CalPERS or CalSTRS If so, is your 36 month average salary in CalPERS or CalSTRS higher than UCRP? Yes No

Do you have any current UCRP actions in progress? If so, please indicate below. (These may include pending UCRP service credit buyback, UCRP service credit inquiry, UCRP Disability Income application and/or divorce settlement.)

Will you be moving upon retirement? Yes No If yes, provide move date/new address/phone below:

Move Date: _____ New Address: _____ Phone: _____

For more information, please contact RASC at 1-800-888-8267, Option 8, Monday to Friday, 8:30 a.m. to 4:30 p.m, PT