

If you do not have access to our website please complete this form and send it to our office for an estimate on the cost to purchase the Additional Retirement Credit

ESTIMATE REQUEST or CONTRACT REQUEST (please circle one)

Name (please print): _____

Work Phone Number: _____

Date Of Birth: _____

GENERAL, SAFETY or APCD MEMBER (please circle one)

Your Current Age: _____ years _____ months

Your Estimated Retirement Age: _____ years _____ months

Current Bi-Weekly Salary: _____

Total number of years you would like to purchase: _____ years _____ months

Total repayment period: _____ years

Date I intend to purchase: **NOW** or **AT RETIREMENT** (please circle one)

Method of Purchase: **CASH**, **PAYROLL DEDUCTION** or **ROLLOVER** (please circle one)

MAILING ADDRESS: _____

HOME PHONE: _____

SIGNATURE: _____ DATE: _____

Send interoffice mail to the Retirement Office or mail to: SBCERS-ARC Inquiry
3916 State Street, Suite 210
Santa Barbara, CA 93105