

**RETIREMENT APPLICATION REQUEST**

*In order to apply for benefits, the Pension Plan must receive a written request for a retirement application. This form can serve as your written request.*

You can mail this form to the address listed at the bottom of the page or fax it to (323) 653-3560. If you provide an e-mail address below, the Pension Plans' Office will e-mail a receipt of confirmation to you. A retirement application will then be sent to you in approximately two weeks (unless you request an Effective Retirement Date more than two months in the future). Please include a phone number where we can reach you if we have any questions.

**RETIREMENT INFORMATION**

- Application Requested:
- Basic Pension Plan
  - Supplemental Pension Plan
  - Both

Effective Retirement Date: \_\_\_\_\_

**PARTICIPANT INFORMATION**

Participant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Spouse's Name (if applicable): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Same-Sex Domestic Partner's  
Name (if applicable): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**PARTICIPANT SIGNATURE**

Participant Signature: X \_\_\_\_\_ Date: \_\_\_\_\_