

REQUEST FOR RETIREMENT INITIATION KIT (Includes your Personal Retirement Profile)

NOTE: Submit this form 4 months before your retirement date to Retirement Administration Service Center (RASC) – Retirement Services. Your retirement kit will not be generated until you are within 90 days before your retirement date. For information on retirement planning, refer to “10 Steps to Planning Your UC Retirement” available at: <http://hrweb.berkeley.edu/sites/default/files/attachments/10-steps-planning-retirement.pdf>

Name: _____ UCB ID: _____

Daytime phone: _____ Home phone: _____

Retirement Date: _____ Separation Date: _____

(The separation date precedes the retirement date.)

Campus Mailing Address: _____

Mail Code

Home Mailing Address: _____

E-mail Address: _____

Do you anticipate any changes in your current appointment prior to retirement? _____ (Yes/No)

If yes, please explain: _____

Do you have any eligible survivors? This includes spouse/domestic partner, dependent children (unmarried under the age of 18, or 22 if full-time student(s) or disabled), and/or dependent parents? _____ (Yes/No)

If yes, please provide name(s), birth date(s), relationship(s) and marriage/partnership date below:

Name	Birth Date	Relationship	Marriage/Domestic Partnership Date
_____	_____	_____	_____

Name	Birth Date	Relationship
_____	_____	_____

(Use back of this sheet if more room needed for dependents)

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, however, in order to provide this, you receive a reduced monthly benefit while you are alive. Note: 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 you or any of your UC covered dependents be eligible for Medicare upon your retirement? _____ (Yes/No)

Do you have any prior service with an employer under the Public Employees' Retirement System (PERS) or the State Teachers' Retirement System (STRS)? _____ (Yes/No) If yes, do you expect to apply for separate retirement benefits from either of these plans? _____ (Yes/No)

Note: Benefits under PERS reciprocity requires the same retirement date with the UC Retirement Plan (UCRP).

Do you have any current UCRP actions in progress? If so, please indicate below. (These may include UCRP service credit buyback, pending UCRP service credit inquiry, 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: _____

Return form to: (RASC) – Retirement Services, University of California, P.O. Box 24570, Oakland, CA 94623-9911, or e-Fax to 1-800-792-5178. NOTE: If you have not received your retirement kit within 10 business days of RASC receiving your form and you are within 90 days of your retirement date, you must call RASC at 1-800-888-8267, PRESS 8, Monday to Friday, 8:30 a.m. to 4:30 p.m., PT.