

**EMPLOYEES' RETIREMENT SYSTEM**  
**1300 PERDIDO STREET, SUITE 1E12**  
**NEW ORLEANS, LA 70112**  
**(504) 658-1850**

**APPLICATION FOR SEPARATION RETIREMENT**

INSTRUCTIONS: PRINT IN INK OR TYPE ALL ENTRIES EXCEPT SIGNATURES. This form must be completed before any separation retirement payments can be processed.

**NOTE: THIS FORM MUST BE RECEIVED NOT LESS THAN 30 AND NOT MORE THAN 90 DAYS PRIOR TO YOUR RETIREMENT DATE.**

PRINT OR TYPE NAME OF MEMBER		
_____ FIRST NAME	_____ MIDDLE INTIAL	_____ LAST NAME
ADDRESS/P.O. BOX		
_____ STREET ADDRESS		
_____ CITY	_____ STATE	_____ ZIP

Beneficiary's Name \_\_\_\_\_ Beneficiary's Date of Birth \_\_\_\_\_

**SUBSTANTIATING INFORMATION**

MEMBER SS# \_\_\_\_\_ Retirement Date \_\_\_\_\_

**ATTACH ORIGINAL SOCIAL SECURITY CARD**

Date of Birth \_\_\_\_\_

**ATTACH ORIGINAL/CERTIFIED BIRTH CERTIFICATE**

Department \_\_\_\_\_ Continuous Creditable Service Date \_\_\_\_\_

Termination Date/Last Date Worked \_\_\_\_\_ Phone Number \_\_\_\_\_

_____ Signature of Member
_____ Date Signed

**FOR RETIREMENT OFFICE USE ONLY DO NOT WRITE IN THE SPACE BELOW**

Monthly Retirement Allowance.....\$ \_\_\_\_\_

Amount of First Check/Deposit.....Due Date \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Accountant

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Retirement Manager

