



Request for Retirement Benefit Estimate

If you are interested in a calculation of your estimated retirement benefit, please complete the information below and return this form to the Retirement Office. You can also use the benefits calculator at the APRS website, www.ausprs.org, to get an estimate of your retirement benefits.

Name: _____ SSN (last 4 digits): _____

Address/City/State/Zip Code: _____

Date of Birth: ____/____/____ Daytime Phone: _____

E-mail Address*: _____

**Calculations will be e-mailed unless otherwise requested*

Retirement Benefit Calculation Date

Check one: First retirement eligibility* or Anticipated Retirement Date: ____/____/____

Note: This date does not preselect your actual retirement date, nor does it give notice to APRS of your intention to retire.

**Unless previously certified by the Pension Office, eligibility for retirement does not include any proportionate service credits.*

Survivor Benefit Options

Check box if you want no survivor option to be included with the calculation.

If you wish to have beneficiary options included in the estimate, fill in the following information:

Beneficiary Name: _____

Date of Birth: _____

Relationship*: _____

**Note: Some restrictions apply to non-spouse survivor benefits when the survivor more than 10 years younger than then member.*

Deferred Retirement Option Plan (DROP)

Select one: ***Retro or Forward Drop Plan cannot be combined with Permissive**

Service Purchases

Retro DROP for _____ mos. (max 36 mos.)

Applies to members with 23 yrs. service credit as of April 1, 2015.

Forward DROP for _____ mos. (max 60 mos.)

Applies to members with 23 yrs. service credit.

Service Credit Purchases:

If you would like to include any service credits **that you have NOT already purchased** in this calculation, please indicate them here:

Cadet

Pre-Membership Military: ____ mos. (max 24) *Must provide DD-214.*

Permissive or Deferred Permissive: ____ mos. (max 60 mos. @ 20 yrs. service credit)

*** Permissive Service purchases cannot be combined with Retro or Forward DROP Plan**

By signing below, I understand that I will be given retirement estimates for planning purposes only using the above criteria. Furthermore, I understand that all estimates are subject to audit and correction.

Member Signature _____

Date _____