



# COMMUNITY PROPERTY ESTIMATE REQUEST

ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION  
475 14<sup>th</sup> Street, Suite 1000 (510) 628-3000  
Oakland, CA 94612-1900 FAX (510) 268-9574

(Please Print or Type)

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ If other name used, please list name: \_\_\_\_\_

Marital Status: Single  Married\*  Divorced  Sex: Male  Female

Ex-Spouse's Name: \_\_\_\_\_ Ex-Spouse's date of birth: \_\_\_\_\_

Membership Status: *Check one*

Current ACERA Member  Deferred Member  Deferred Transfer Member\*

\*Deferred transfer members; list current employer: \_\_\_\_\_

\*Deferred transfer members; list current monthly salary: \_\_\_\_\_

*Please complete the following in order to process your request:*

*Date of Marriage:* \_\_\_\_\_ *Date of Separation/Divorce:* \_\_\_\_\_

*Check all that apply:*

**COMMUNITY PROPERTY INTEREST** – This information is the current account balance of employee paid contributions plus interest in the retirement account of both the member and non-member within the community property period.

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**MEMBER RETIREMENT ALLOWANCE ESTIMATE (LESS EX-SPOUSE'S COMMUNITY PROPERTY)**  
Date of Retirement: \_\_\_\_\_  
Month Day Year

**NON-MEMBER RETIREMENT ALLOWANCE ESTIMATE**  
Date of Retirement: \_\_\_\_\_  
Month Day Year

- A Non-Member is the ex-spouse of the member.
- Retirement estimates are based upon current highest average salary levels; ACERA cannot provide estimates with projected salary.
- A SERVICE TIME AUDIT will be performed on your retirement allowance estimate.
- Please expect to receive a written response within 90 days.

**OTHER:** \_\_\_\_\_

\_\_\_\_\_  
Member Signature  
\_\_\_\_\_  
Date

ACERA USE ONLY	
Date Received:	_____
Date Processed:	_____
Processed by:	_____