



Retirement Estimate Request

Get an estimate in 5 minutes!

Log in at www.acera.org/wms

ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION

475 14th Street, Suite 1000, Oakland, CA 94612-1900

Telephone (510) 628-3000 or 1-800-838-1932

Fax (510) 268-9574

Website: www.acera.org

(Please Print or Type)

Name: _____ Social Security Number: xxx - xx - _____

Address: _____ City: _____ State: _____ Zip: _____

Birthdate: _____ Phone Number: _____

Any other name used? No Yes If yes, list name: _____

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

* Spouse's name, if married: _____ 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: _____

RETIREMENT ALLOWANCE ESTIMATE

#1 – Date of Retirement: _____
Month Day Year

#2 – Date of Retirement: _____
Month Day Year

- ACERA cannot provide you with an estimate without having an approximate date you intend to retire.
- You may request a retirement estimate for more than one date.
- Retirement estimates are based upon current highest average salary levels, ACERA cannot provide estimates with projected salary.
- Submitting a request for a retirement estimate is not the same as submitting an application for Service Retirement.
- A SERVICE TIME AUDIT will be performed on your retirement allowance estimate.
- If dates of retirement estimates request are beyond 5 years from today's date, ACERA will not process this request. However, ACERA's Benefit Estimator in our Web Member Services can provide you with an estimate using your personal account information from our retirement database to give you an accurate personal retirement estimate(s). Simply go to www.acera.org and click on the "Your Personal Account" button (top right hand side). If you have not already created your personal account, you may need to complete this step first. Once you are in your personal account, click on the Benefit Estimator link.

OTHER: _____

Member Signature

Date