

## **Retirement Information Form (03)**

Please complet	e the infor	mation be	iow, and mark	tine cate	gories that app	bly to you.		
Name			Birth date					
Phone (Work) (	)		(Home) (	()		(Cell) (_	)	
Address								
ARE YOU EMP	LOYED B	Y ANOTH	ER SCHOOL	DISTRIC	T AT THIS TIN	ΛΕ?		
Yes	No		Full-time		Part-time	Nun	nber of Hours _	
Where _								
DO YOU CONT								
Yes	No							
Where _								
HAVE YOU EV	ER BELOI	NGED TO	ANY OTHER	PUBLIC	RETIREMENT	SYSTEM?		
Yes	No							
Where _	· · · · · · · · · · · · · · · · · · ·							
Name of System								
HAVE YOU EV	ER BELOI	NGED TO	STRS (STATI	E TEACH	HERS' RETIRE	MENT SYST	ГЕМ)?	
Yes	No							
Where _								
Retired		Yes	No		If Yes, Date _			
Withdre	v Funds?	Yes	No	_	If Yes, Date _			
NOTE: If you re:					you are require	ed to complet	e Form 03f – Ca	
Retired Annuita	nt Self-Cer	tification F	Form, and bring	g it with y	ou to your pro		ointment.	
CICNIATUDE						Data		

Revised: July 2023