



MCERS FORM: DEF-1  
 Adopted: 06/28/04  
 Revised: 07/24/17

**MONROE COUNTY EMPLOYEES RETIREMENT SYSTEM  
 DEFERRED RETIREMENT ACKNOWLEDGMENT**

<b>RETURN TO:</b>	Monroe County Employees Retirement System 840 South Roessler Street Monroe, MI 48161 Phone: (734) 241-1174 Fax: (734) 241-4722
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PLEASE TYPE OR PRINT. SEND COMPLETED FORM TO ADDRESS ABOVE

Name (Last, First, Middle)		Social Security No.*		Date of Birth (MM/DD/YYYY)	
Street Address			Email address/Phone Number		Designated Beneficiary
Department Name	Member No.	Last Day Paid For	Union Affiliate	Years of Service Credit	
<p>In accordance with Section 7.5 of the MCERS Plan Document, I understand that I am now a Vested Former Member of the Retirement System and may apply for a deferred service retirement allowance upon satisfaction of the requirements in effect at the time of my termination of employment.</p> <p>I understand it is my responsibility to keep MCERS informed of address changes. I also understand that it is my responsibility to make certain that these documents are completed and my allowance begins when I reach my earliest eligibility date and that I am not entitled to any retroactive benefits if I fail to satisfy the requirements of the MCERS Plan Document by my earliest eligibility date.</p>					
Signature of Member			Date		
Signature of Witness			Date		
PLEASE ENCLOSE COPY OF BIRTH CERTIFICATE, SPOUSE BIRTH CERTIFICATE AND MARRIAGE LICENSE (IF APPLICABLE)			Date Received by Retirement Board		
NOTE: IF YOU HAVE A CHANGE OF ADDRESS, NOTIFY THE RETIREMENT OFFICE IMMEDIATELY.  *Protected information required for tax and actuarial purposes.			Will meet age requirement on		