



District of Columbia Retirement Board (DCRB)
Benefits Department

900 7th Street, NW, 2nd Floor • Washington, DC 20001
Telephone: (202) 343-3272 • Toll Free: (866) 456-3272 • Fax: (202) 566-5001
www.dcrb.dc.gov

Application for Deferred Retirement Annuity
District of Columbia Police Officers and Firefighters' Retirement Plan

By completing this form, you are making an election to receive a deferred retirement annuity beginning at age 55 under D.C. Code § 5-717.
Please note that processing your request may take from thirty (30) to ninety (90) days to complete.

Section I: Member Information

Name: \_\_\_\_\_
First Middle Last

Mailing Address: \_\_\_\_\_
Street City State Zip Code

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Marital Status: [ ] Married Date: \_\_\_\_\_ Plan Type: [ ] Police Officer
[ ] Divorced Date: \_\_\_\_\_ [ ] Firefighter
[ ] Separated Date: \_\_\_\_\_
[ ] Single

Retirement Tier: [ ] I (20 years)
[ ] II (25 years & Age 50)
[ ] III (25 years)

If married, Spouse Name: \_\_\_\_\_
First Middle Last

Spouse Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Spouse Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Section II: Member Questionnaire

1) Did you receive a refund or rollover of your employee contributions when you left the Department?
[ ] Yes [ ] No

If yes, answer the following:

What was the amount of the refund/rollover? \$ \_\_\_\_\_

Was this amount later re-deposited with the Plan prior to you reaching age 55? [ ] Yes [ ] No

If yes, please provide the date and amount of the redeposit:

Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Amount: \$ \_\_\_\_\_



continued back page

- 4) If you answered **yes** to question #3, does DCRB currently have a Qualified Domestic Relations Order (QDRO) on file?     Yes     No
- 5) Are there any children currently listed on your health insurance:     Yes     No
- 6) Are there any children that you provide at least fifty (50) percent of their support?     Yes     No
- 7) If you answered **yes** to questions #4 or #5, complete the information below.

Full Name of Child	Date of Birth	Age	Social Security Number	Is this Child over 18 and self-supporting?	
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Section III: Member Affidavit and Request

*I hereby certify that the information I have provided herein is true and correct to the best of my knowledge and belief. Additionally, by completing and submitting this form, I understand that I hereby make request for my deferred retirement benefit.*

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

\_\_\_\_\_  
Date

**Return this form to the District of Columbia Retirement Board ~ Attention: Member Services**