



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: [] Mr. [] Mrs. [] Miss [] Ms.

Name: _____
Last Name First Name Middle Initial

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

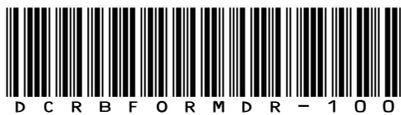
1) Did you receive a refund or rollover of your employee contributions when you left the Department?
[] Yes [] No

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:



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2) Do you elect to have your annuity from DCRB reduced by ten (10) percent to supplement your survivor's benefits payable upon your death? (D.C. Code § 5-716(f)) Yes No

2a) If **yes** to question #2, elect only one:

Surviving Spouse Name: _____
(this may include a former spouse pursuant to a QDRO)

Surviving Child Name: _____
(you may only designate one surviving child)

Your designated survivor must meet the eligibility requirements for a survivor annuity. If your designated survivor predeceases you, your retirement annuity will be increased prospectively.

3) If you are divorced, is your annuity subject to the D.C. Spouse Equity Act of 1988? (D.C. Code § 1-529.01 et seq.) Yes No

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

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