



District of Columbia Retirement Board (DCRB)
Benefits Department

900 7th Street, NW, 2nd Floor • Washington, DC 20001
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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
- 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