



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

Contribution Balance Request Form

Requests for your contribution balance with the District of Columbia Retirement Board (DCRB) must be made in writing by completing this form. Upon receipt of this request, DCRB will respond to your request within ten (10) business days. Some situations may result in a longer time period if necessary. You will be contacted if this situation arises.

Section I: Member Information

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

Last Name First Name Middle Initial

Date of Birth: Social Security Number:

Mailing Address: Street City State Zip Code

Email: Phone Number:

Plan Status (select one): Non-Active Plan Member (Terminated Vested) [] Active Employee Member* []

*If you select "Active Employee Member," you will need to contact the District of Columbia's Office of Pay and Retirement Services at 202-741-8660 to receive your contribution balance. Please do not submit this form to DCRB.

Retirement Plan (select one) : Police [] Firefighters' [] Teachers' []

Section II: Service Dates

Date of Hire: Date of Separation/Termination:

Section III: Purchase of Service Information (if applicable)

Did you purchase any additional service ? Yes [] No []

If "Yes," when was the completion date of your purchase of service ?

Section IV: Authorization

I authorize the District of Columbia Retirement Board (DCRB) to release the contribution balance information to me as indicated above. I acknowledge that I understand the purpose of this request and that authorization is hereby granted voluntarily.

Member Signature: Date:

