

## Benefit Estimate Request

If you are within a year of retiring and would like APERS to estimate the amount of your retirement annuity, complete the following form in its entirety and mail it to:

Arkansas Public Employees Retirement System  
124 West Capitol, Suite 400  
Little Rock, AR 72201-1015

Social Security No \_\_\_\_\_

Member's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Telephone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Current Employer \_\_\_\_\_

Last Day of Employment  
and/or Last Expected Day to Work \_\_\_\_\_

Effective Date of Retirement \_\_\_\_\_  
(Always the 1st day of the month) Request Date #1 Request Date #2

Spouse's Name \_\_\_\_\_ (N/A if not currently married)

Spouse's Date of Birth \_\_\_\_\_

Do you have service in another State Retirement System? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Examples include: Teacher Retirement, Local Police & Fire, Highway Department, TIAA-CREF, Valic)

If yes, list the Retirement System(s) \_\_\_\_\_

I am also interested in the following (check all that apply):

\_\_\_\_\_ DROP (must have at least 28 years of service)

\_\_\_\_\_ PAW (must be 65 or have 28 years of service)

\_\_\_\_\_ Disability Retirement

\_\_\_\_\_ Military Purchase (Active Duty or National Guard)

\_\_\_\_\_ Repay Termination Refund

\_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date