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SOCIAL SECURITY NUMBER

## Please Submit 90 Days in Advance DIRECTLY TO THE PUBLIC EMPLOYEES' RETIREMENT SYSTEM

To: BENEFITS DIVISION
PUBLIC EMPLOYEES' RETIREMENT SYSTEM
P. O. BOX 1953
SACRAMENTO, CALIFORNIA 95809

NOTE: Your retirement cannot be effective earlier than the first of the month in which your application is received in the System.

August 15, 1972

I hereby make application for Service or Disability) Retirement	it as follows:	[Please Print]
1. Name	2. Birth Date	3. Retirement Effective Date
Dan Terzich	10/12/07	November 7, 1972
4. Address		5. Last Day Worked
66 Montford Ave., Mill Valley, Ca. 94941		October 31, 1972
6. Employer	7. Code	8. Position Title
City of Mill Valley	089	Chief of Police
9. OPTIQNAL SETTLEMENT INFORMATION — Please furnish the amount (see explanation on reverse side).    Value	Option No. 2	_
10. BENEFICIARY'S NAME Birth Date	Is beneficiary PE	RS member?
Loren Terzich, Doris Adams, Sex M F Donna Willis	(Check one Relationship Son, da	Yes No aughters
11. TEMPORARY ANNUITY - I desire to have my monthly allowance furth annuity allowance. Yes No If "yes"	her modified for life , check age desired	
2. OTHER RETIREMENT SYSTEMS: (Cross out one) dead I system other than Social Security or military.  (If you are a member of another system, please complete the section compensation. You are advised that service which is also credited by another	below. This inform	ember of another public retirement ation will assure use of highest final e credited under PERS.)
NAME OF SYSTEM DATES OF SERV	ICE CREDITED	DATE OF RETIREMENT
13. FINAL COMPENSATION TO BE USED: "Final Compensation" is the lathree consecutive years of employment immediately preceding the eff separation from employment if earlier, or during any other period of member on this application. UNLESS A DIFFERENT PERIOD IS SPECIFIED CALCULATED BASED UPON THE THREE YEAR PERIOD IMM SEPARATION. OTHER PERIOD TO BE USED: FROM:	fective date of his three consecutive y FIED BY YOU, YO MEDIATELY PREC	s retirement, or the date of his last ears of membership specified by the OUR FINAL COMPENSATION WILL
14. I HEREBY CERTIFY UNDER PENALTY OF PERJURY that this inform the best of my knowledge. I will separate from employment on the date CANCEL THIS APPLICATION I MUST SUBMIT WRITTEN NOTICE T RETIREMENT ALLOWANCE. I further understand that my request for thereof; that election forms will be provided at a later date.	entered in Item 5 O THE SYSTEM P	above. I UNDERSTAND THAT TO RIOR TO MAILING OF MY FIRST
A MEMBER'S SIGNATURE A	_	DATE SIGNED