



## INCOMING RECIPROCALITY REQUEST FORM

Member's Employee ID: \_\_\_\_\_ SSN (last 4 digits): \_\_\_\_\_

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

Member's Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Reciprocal System: \_\_\_\_\_

Start Date with Reciprocal System: \_\_\_\_\_

Separation Date with Reciprocal System: \_\_\_\_\_

Upon signing and returning this document, I am electing to establish reciprocity. I have read and understand the reciprocity brochure and agree to the terms in the brochure. I understand that I am subject to the laws and regulations administered by each retirement system of which I am a member. My retirement account information may be shared with the other retirement system(s).

**If reciprocity is granted, I may be eligible for participation in a VCERA benefit tier in effect on December 31, 2012 if my entry date in the reciprocal system was on or prior to that date. By signing below, I authorize the Ventura County Auditor-Controller to make adjustments through payroll to correct any overpayments or underpayments in employee retirement contributions once reciprocity is verified.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date