

**Brotherhood's Relief and Compensation Fund
2150 Linglestown Road, Harrisburg, PA 17110**

Your affidavit should be submitted no earlier than 10 days prior to the effective date of your retirement.

**Requirements and Instructions for Applying for Article XIV
"Retirement" Benefit**

- Your membership must be "In Good and Regular Standing."
- You must have ten (10) years of beneficial membership and have irrevocably exercised your right to retire.
- If you have received a disability award from the Railroad Retirement Board please contact our office to determine eligibility.

You may go to the member's only area of the website to verify your start date of membership and your current paid through date. (If applicable, any month(s) where a complete relief of dues was provided in accordance with Art. XVIII, Sec. 1, is not considered beneficial when calculating total length of membership.)

Please complete the affidavit in its entirety and mail to the principal office. If you have any questions, please call our office at 800-233-7080.

BROTHERHOOD'S RELIEF AND COMPENSATION FUND

2150 Linglestown Road, Harrisburg, Pennsylvania 17110

Application for RETIREMENT BENEFITS

Name: _____

AFFIDAVIT

(Use Ink -- Write or Print Clearly)

I have actually retired as defined in Article XXXIII of the *Constitution*, and application is hereby made to the Brotherhood's Relief and Compensation Fund for Retirement Benefits as set forth in Article XIV:

Name in Full _____ **SS#** _____

Street and Number _____

City _____ **State or Province** _____

Zip _____ - _____ **Telephone** (_____) _____

Official Date of Retirement from the Railroad _____

Last Date Actually Worked _____

In providing my last date worked, I hereby authorize the Organization to adjust my membership for retirement purposes in accordance with the provisions of Article XVIII, Sec. 2, of the BR&CF Constitution.

Date of Birth _____

IF YOU ARE RETIRING AS A RESULT OF DISABILITY, PLEASE ENCLOSE SUPPORTING DOCUMENTATION.

Note: Dues are required to and including the month in which this Affidavit is approved in the Home Office regardless of your date of retirement.

I certify by my signature that the information I have provided is true and complete to the best of my knowledge and belief. I understand that by making this application I have irrevocably exercised my option for retirement.

Date _____ **Member's Signature** _____

BRCF Member No. _____

Electronic