



Brotherhood's Relief and Compensation Fund

2150 Linglestown Road, Harrisburg, PA 17110
Toll Free: 800-233-7080 Website: www.brcf.org

Application for "Retirement" Benefit

Note: If you are retiring due to a disability, and you are under age 55, please provide a copy of your Railroad Retirement Board (RRB) disability award notice.

I have retired as defined in Article XXXIII of the BR&CF Constitution and hereby make application to the BR&CF for my "Retirement" benefit in accordance with Article XIV:

Street Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Date of Birth: _____ Phone Number: (_____) _____ - _____

Last Day Actually Worked: _____ Date of Retirement: _____
(Do not include vacation or personal days)

By providing my last day worked, I hereby authorize the BR&CF to adjust my membership in accordance with the provisions of Article XVIII, (Sec. 2), for retirement purposes only.

Member Signature: _____ Date: _____

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