



# Brotherhood's Relief and Compensation Fund

300 Sterling Pkwy, Suite 105, Mechanicsburg PA 17050

U.S.: (717) 657-1890 CAN: 800-233-7080

Website: [www.brcf.org](http://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.