

**ELECTION TO TRANSFER TO CONTRIBUTORY PLAN FORM**

**SamCERA**



*San Mateo County Employees' Retirement Association  
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Phone: 650-599-1234 Toll Free: (800) 339-0761  
Fax: 650-591-1488 Website: [www.samcera.org](http://www.samcera.org)  
PONY: RET 141 Email: [samcera@samcera.org](mailto:samcera@samcera.org)*

**TO: SamCERA – San Mateo County Employees' Retirement Association**

**RE: Election to Transfer to Contributory Plan**

I hereby elect to transfer from *SamCERA's* non-contributory plan to *SamCERA's* contributory plan.

I understand that by transferring to the contributory plan, I will have deductions taken from my salary each pay period based on my current age.

I have had the opportunity to review and understand the differences in the costs and benefits associated with both plans.

I acknowledge that this decision is irrevocable.

NAME: \_\_\_\_\_  
(Print)

SOCIAL SECURITY NUMBER: \_\_\_\_\_

**OR**

EMPLOYEE ID NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**\*\*\*Please keep a copy of this form for your records and return the original to SamCERA via PONY at RET 141.**