



Maryland State Retirement
and Pension System
120 East Baltimore Street
Baltimore, MD 21202-6700
800-492-5909 • 410-625-5555
sra.maryland.gov • docs@sra.state.md.us

Service Retirement Estimate Request

Important: You may use this form **only** if you are eligible to retire **within the next 12 months**. It will take us **a few weeks** to get you an estimate.

There is another way to do this. You can use our secure website: **mySRPS**. If you use mySRPS:

- You **do not** have to be within 12 months of retirement.
- You will get your estimate **immediately**.
- You can get **as many** estimates as you want, any time you want.

You can reach mySRPS here: <https://mysrps.sra.maryland.gov>.

Provide Your Information

Social Security Number

Daytime Telephone Number

 - -

First Name

Initial

Last Name

Street Address

City

State

ZIP Code

Email Address

Please sign below. Then continue to Page 2 to complete this form.

I confirm that all the information I have provided on this form is true.

Month Day Year

Signature: _____ Today's Date: - -

We will send your Estimate to the address you've entered here. However, we will *not* change your address of record.

Do you need to change your address of record?

- Active Members:** Please contact your **employer** to make the change.
- Inactive Members:** Please fill out our Form 77. You can find it at <https://sra.maryland.gov/retiree-forms>. Or you may contact us for a copy.





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Service Retirement Estimate Request (continued)

Choose a Retirement Date for This Estimate

To get an estimate using this form, you must select a retirement date that's **within 12 months of today**. That doesn't mean that you *must* retire on that date. It's simply the date we'll use to create *this* estimate.

Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Choose One Beneficiary for This Estimate

Some payment options allow you to leave a monthly benefit to **only one** beneficiary. *Would you like to get an estimate of those payment options?* If so, you must identify **one** beneficiary on this form. If not, leave this section blank. (Note that when you retire, you may pick a different beneficiary or no beneficiary.)

Beneficiary's Relation to You	Beneficiary's Date of Birth
<input type="checkbox"/> Spouse <input type="checkbox"/> Disabled child <input type="checkbox"/> Other	Month Day Year <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

How to Submit Your Form to Us

Important! Please send **both pages** of your completed form to us. **Do not** give this form to your employer.

US Mail: Maryland State Retirement Agency
120 E. Baltimore St.
Baltimore, MD 21202-6700

Email: docs@sra.state.md.us

Once we receive your form, we'll review it to make sure it's **complete and valid**.

- If it is**, we will review your account, create an estimate, and mail that estimate to you. It will include information on all the options available to you.
- If it is not**, or you are **not eligible to retire** within the next 12 months, we will not be able to create an estimate for you. In that case we will mail you a notice to let you know.

How to Get Help with This Form

You can call us at 800-492-5909 or 410-625-5555.