

Safe Harbor Retirement Plan

APPLICATION REQUEST FOR ELIGIBLE MEMBERS Separated from County Service and at least age 50.

Name:			
Employee ID:	Social Security Nur	mber (last 4 digits only) λ	XX-XX
Date of Birth:	_		
Phone:			
Home Address:			
Email address:			
Preferred Method of Communicat			-
Spouse's/Domestic Partner's Nan			
Spouse's/Domestic Partner's Date			-
Signature:		Date:	

Please return the completed form to us by mail or email | Mail | Email | safe.harbor@ventura.org | | Human Resources - Safe Harbor Retirement Plan | 800 South Victoria Avenue #1970 | Questions? | | Ventura, CA 93009-1970 | Email or call us at 805-654-2921