

CalPERS / CalSTRS

Request for Retirement Warrant Deduction

Member Name: _____

Social Security Number: _____

Amount to be deducted per month: (check one)

\$12.56 member only

\$22.12 member + 1

\$25.48 member + family

This information will be provided only to CalPERS \ CalSTRS by FURA

By signing this document I understand and agree that my authorized deduction includes membership dues to FURA and a maintenance fee for the services provided by Retiree Benefit Associates LLC.

Signed: _____ Date: _____

Mail to:

Retiree Benefits Associates, LLC c/o Walter Franzell, PO Box 2386, Clovis, CA 93613