

Retirement Request Worksheet

GM Benefits and Service Center 1-800-489-4646

Name: _____

SSN: _____

Address: _____

Phone: _____

DOB: / / _____

Type of Retirement

Last Day Worked

30 & Out 85 Points MSR T&PD
Reg. - Normal Deferred Vested

_____ / / _____

Retirement Date

MARITAL STATUS: Married Single

_____ / / _____

Payment Option: Single Life Annuity 65% Surviving Spouse 50% Joint & Survivor

_____ Contingent Annuitant (%)

Spouse/Contingent Annuitant Name: _____

Spouse/CA SSN: _____

SDOB: / / _____

Withholding Information:

Federal Tax: Married Single None

Number of Allowances: _____

Additional Dollar Amount: _____

State Tax: Married Single None

Number of Allowances: _____

Additional Dollar Amount: _____

Deductions

Direct Deposit: Savings Circle One Checking No

Union Dues: Yes No \$2.00

Routing # _____

Life & Healthcare Yes No _____

Account # _____

United Way Yes No _____

Bank Name: _____