

**County of Ventura  
Safe Harbor Retirement Plan**

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

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Social Security Number (last 4 digits only) XXX-XX-\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Spouse's/Domestic Partner's Name:

\_\_\_\_\_

Spouse's/Domestic Partner's Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You will receive your application & distribution instructions by mail ***within 2 to 3 weeks.***

**Please return the completed form to:**

County of Ventura  
Human Resources - Safe Harbor Retirement Plan  
800 South Victoria Avenue #1970  
Ventura, CA 93009 - 1970

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**County of Ventura  
Human Resources Division, Safe Harbor Retirement Plan  
800 South Victoria Avenue  
Ventura, CA 93009-1970**