



# Georgia Firefighters' Pension Fund

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## Application for Retirement

TO BE COMPLETED AND SUBMITTED AT LEAST SIXTY (60) DAYS PRIOR TO YOUR REQUESTED RETIREMENT EFFECTIVE DATE.  
Incomplete forms and/or failure to submit requested information may result in delaying the start of your benefits.  
If your mailing address has changed, please complete and submit the **Change of Address Form**.

<b>Member Info</b>	<i>(Please Print)</i>
	Member No: _____ or Social Security No: _____ Date of Birth: ____/____/____
	Last Name: _____ First: _____ Middle: _____
	Home Mailing Address: _____
	City: _____ State: _____ Zip: _____
	Email: _____ Phone(H): _____ Phone(C): _____
	I officially will retire or have retired from the fire services effective: ____/____/____ <b>(Separation Date)</b> <i>(Check status at time of retirement)</i> Full-time Firefighter Part-time Firefighter* Volunteer Firefighter* *If <b>Part-time</b> or <b>Volunteer</b> , an appropriate <b>Credible Service Affidavit</b> must accompany this application.
<b>Dept Info</b>	<i>(Please Print)</i>
	Department: _____ County: _____ Chief's Name: _____

### CHOOSE ONE (Age at retirement date)

I am at least 55 years of age and wish to receive applicable benefits.

I am less than 55 years of age and I elect to begin receiving reduced benefits immediately. (Must be at least 50 years of age)

I am less than 55 years of age and I elect to wait until \_\_\_\_/\_\_\_\_/\_\_\_\_ to begin receiving pension benefits.

With the express knowledge and understanding that the foregoing statements are material to my application and that the Board of Trustees of the Georgia Firefighters' Pension Fund, and its agents and employees, will rely on my statements in determining my eligibility for retirement, I hereby certify and affirm that any and all of the information I have herein before set forth is true, correct and complete in all respects and a part of the official records of the above department.

\_\_\_\_\_  
Signature of Applicant

Sworn to and subscribed before me

this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public & Seal

\_\_\_\_\_  
My Commission Expires On

I certify that the above named applicant has acquired the service record claimed, and that my official records support the information presented in this form to be true and correct. I make this certification and affirmation under penalty of law and I understand that knowingly making a false statement on this form is a crime.

\_\_\_\_\_  
Signature of Chief  
(If applicant is Chief, this form must be signed by the chief's superior)

Sworn to and subscribed before me

this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public & Seal

\_\_\_\_\_  
My Commission Expires On