



# Georgia Firefighters' Pension Fund

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Phone: 770-388-5757 or 1-866-374-0788 Fax: 678-413-4227

eMail: cindy@gfpf.org

Web Site: www.gfpf.org

## Tax Withholding Request

<b>Retiree Info</b>	<p><i>(Please Print)</i></p> <p>Member No: _____ or Social Security No: _____</p> <p>Last Name: _____ First: _____ Middle: _____</p> <p>Home Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Email: _____ Phone(H): _____ Phone(C): _____</p>
<b>Beneficiary Info</b>	<p><i>(Please Print)</i></p> <p>Social Security No: _____</p> <p>Last Name: _____ First: _____ Middle: _____</p> <p>Home Mailing Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Email: _____ Phone(H): _____ Phone(C): _____</p>

<b>Federal Tax</b>	Enter the dollar amount of Federal Tax to be withheld each month. If nothing, enter zero.
<b>State Tax</b>	Enter the dollar amount of State Tax to be withheld each month. If nothing, enter zero.

**I hereby request the Fund withhold the amounts indicated above from my monthly benefit payments. This authorization is to remain in effect until the Fund has received written notification from me of its termination. I understand such notification must be received in the office of the Fund by the first day of the month before such termination is desired.**

\_\_\_\_\_  
Signature of Retiree or Surviving Beneficiary

\_\_\_\_\_  
Date