



# Georgia Firefighters' Pension Fund

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email forms to  
cindy@gfpf.org

Web Site: www.gfpf.org

## Application for Pension Benefits

TO BE COMPLETED AND SUBMITTED AT LEAST SIXTY (60) DAYS PRIOR TO YOUR REQUESTED DATE TO COMMENCE BENEFITS. Incomplete forms and/or failure to submit requested information may result in delaying the start of your benefits.

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

**CHOOSE ONE** I wish to commence receiving pension benefits effective: \_\_\_\_/\_\_\_\_/\_\_\_\_

- Initial I will be at least 55 years of age, have at least 25 years of creditable service, and will remain employed with \_\_\_\_\_ Fire Department.
- Initial I will be at least 55 years of age and I elect to begin receiving benefits. I will terminate employment in the fire service effective \_\_\_\_/\_\_\_\_/\_\_\_\_.
- Initial I will be at least 50 years of age and I elect to begin receiving reduced benefits. I will terminate employment in the fire service effective \_\_\_\_/\_\_\_\_/\_\_\_\_.
- Initial I will be less than 55 years of age and I elect to wait until \_\_\_\_/\_\_\_\_/\_\_\_\_ to begin receiving pension benefits. I will terminate employment in the fire service effective \_\_\_\_/\_\_\_\_/\_\_\_\_.

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

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ATTESTATION OF EMPLOYMENT STATUS

To be completed by the Fire Chief or designated signer for all members requesting to begin receiving monthly pension benefits. This completed form must be returned with the Application for Commencement of Pension Benefits.

Member Number: \_\_\_\_\_ or Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

The above named member intends to remain employed by: \_\_\_\_\_  
Name of Department

OR

The above named member has terminated employment (retired) or expects to terminate (retire) employment with

\_\_\_\_\_ on \_\_\_\_\_  
Name of Department Date of Termination/Retirement

I certify the employment status claimed of the named member above, and that my official records support the information presented on this form to be true and correct. I make this certification and affirmation under penalty of law, and I understand that knowingly making false statements on this form is a crime.

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

Attested on: \_\_\_\_\_  
Date of Attestation