



Georgia Firefighters' Pension Fund

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Refund Request

This form is to be used to request a refund of dues paid.

PENSION OFFICE AUDIT	
Date _____	Amount _____
Check No. _____	5% Fee _____
By _____	Balance _____
Approved: _____	

OFFICE USE ONLY

Member Info	<i>(Please Print)</i> Member No: _____ or Social Security No: _____ Last Name: _____ First: _____ Middle: _____ Home Mailing Address: _____ City: _____ State: _____ Zip: _____ I am leaving the Georgia Fire Service: Yes No Phone(H): _____ Phone(C): _____
	<i>(Select Only One)</i> Member Department - Please have your department complete the following: I hereby certify that no more dues will be paid to the Georgia Firefighters' Pension Fund for the above member as of _____ / _____ / _____ month day year _____ Signature of Dues Contact _____ Date
	<i>(Complete this section to receive refund via direct deposit, this will avoid delays caused by mail)</i> Financial Institution: _____ Routing Number: _____ Account Number: _____ Account Type: Checking Savings

As provided in O.C.G.A. Title 47, Chapter 7, I hereby withdraw from membership in the Georgia Firefighters' Pension Fund and I hereby make application for the return of my contributions and/or dues accumulated to my credit in the Georgia Firefighters' Pension Fund and in accordance with all laws that are in force as of the above date.

In consideration of the return of such amount, I do hereby waive for myself, my heirs and assigns, all my right, title and interest to any and all benefits for prior service under the Georgia Firefighters' Pension Fund. I am aware that should I again become a member of the Georgia Firefighters' Pension Fund that none of my prior service can be restored and that I would be required to pay a reinstatement fee of \$100.00.

Sworn to and subscribed before me

this _____ day of _____, _____.

Signature of Notary Public & Seal

My Commission Expires On

Signature of Member

Print Name of Member

Must Submit Original Forms, Fax Copies Not Accepted