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

(Please Print)

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):_____

Current Dues Paid By

(Select Only One)

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

Banking Info

(Complete this section to recieve refund via direct deposit, this will avoid delays caused by mail)

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