



Georgia Firefighters' Pension Fund

2171 East View Parkway • Conyers • Georgia • 30013-5756

Phone: 770-388-5757 or 1-866-374-0788

eMail: cindy@gfpf.org

Web Site: www.gfpf.org

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(Please Print)

Member No: _____ or Social Security No: _____

Last Name: _____ First: _____ Middle: _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone(H): _____ Phone(W): _____ Phone(C): _____

Please **CHOOSE** and **INITIAL** one of the options below.

_____ **Regular Retirement** - The retiree will receive full benefit payment (based on age and number of years of creditable service with the Pension fund) until their death. **Please provide primary beneficiary information on Page 2 of this document.**

Initial

_____ **Joint and Survivor Option** - The retiree will receive a reduced benefit payment based on their age, years of creditable service, and the age of their spouse. This option ensures the retiree a benefit payment until death, at which time benefit payments are made to the surviving spouse. This option is available only to individuals who are married at the time of their retirement. A retiree must choose one of four percentages (50%, 66 2/3%, 75% or 100%) that will be payable to the surviving spouse upon the retiree's death. According to the percentage chosen, the monthly benefit will be paid to the surviving spouse. **Please provide spouse's information as primary beneficiary on Page 2 of this document.**

Initial

Choose One: 50% _____ 66 2/3% _____ 75% _____ 100% _____

Note: The most common chosen Joint and Survivor Benefit Option Election is 100%. While a higher percentage results in a slightly lower benefit payment to the retiree, it provides a significantly higher payment to the surviving spouse.

_____ **10 Years' Certain and Life Option** - The retiree will receive a reduced benefit payment and will draw this payment until their death. Benefits under this option are guaranteed to be paid for 10 years to the retiree or his/her beneficiary as listed in sequential order on Page 2. For instance, if a retiree lives 6 years into retirement and then dies, the next surviving beneficiary named in the sequential order will receive benefits for the remaining 4 years. Should that beneficiary die, then the next named beneficiary will receive benefits for the remainder of the 10 Years. It should be noted again, however, that the member is guaranteed a benefit for as long as he or she lives. All beneficiaries must be selected by the member. By selecting this Option and completing Page 2 of this form you affirm that your benefit is to be paid to your beneficiary as listed in sequential order on Page 2. If you would like to designate that your beneficiaries be paid pro-rata, you may do so by contacting our office to obtain the "Designation of Multiple Beneficiaries" form.

Initial

In order for the Georgia Firefighters' Pension Fund to take action on your request, Page 1 and a beneficiary designation form must be signed & dated by the applicant with his/her signature being Notarized on the beneficiary designation form.

Signature of Applicant

Print Name of Applicant

Date



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Member No: _____ or Social Security No: _____

Last Name: _____ First: _____ Middle: _____

PRIMARY BENEFICIARY	To be completed for all retirement options
	<i>(Please Print)</i> Last Name: _____ First: _____ Middle: _____
	Home Mailing Address: _____
	City: _____ State: _____ Zip: _____
	Social Security No: _____ Date of Birth: ____/____/____ <i>(Check One)</i> Gender: Male Female Relationship: _____ Phone(H): _____ Phone(C): _____
SECONDARY BENEFICIARY	The Secondary & Tertiary beneficiaries are to be completed by those members choosing the 10 year Certain & Life Retirement Option
	<i>(Please Print)</i> Last Name: _____ First: _____ Middle: _____
	Home Mailing Address: _____
	City: _____ State: _____ Zip: _____
	Social Security No: _____ Date of Birth: ____/____/____ <i>(Check One)</i> Gender: Male Female Relationship: _____ Phone(H): _____ Phone(C): _____
TERTIARY BENEFICIARY	<i>(Please Print)</i> Last Name: _____ First: _____ Middle: _____
	Home Mailing Address: _____
	City: _____ State: _____ Zip: _____
	Social Security No: _____ Date of Birth: ____/____/____ <i>(Check One)</i> Gender: Male Female Relationship: _____ Phone(H): _____ Phone(C): _____

I hereby elect to have the retirement benefits payable to me under the Georgia Firefighters' Pension fund paid under the optional manner as selected on Page 1.

I further elect to hereby revoke all optional benefits previously selected and filed by me under the Georgia Firefighters' Pension Fund's Election of Optional Benefits document(s).

I understand that the granting of my request for this option shall be under the conditions set forth in the Georgia Firefighters' Pension Fund laws and regulations and that it may be revoked or modified in accordance with the terms of the Georgia Firefighters' Pension Fund laws and regulations.

I hereby request the Georgia Firefighters' Pension Fund to take the action set forth in this form.

Signature of Applicant

Print Name qh'Cr r rrecpv'

Date

Sworn to and subscribed before me

this ____ day of _____, _____.

Signature of Notary Public & Seal

My Commission Expires On