

CITY OF EUSTIS FIREFIGHTERS' RETIREMENT SYSTEM

APPLICATION FOR REFUND OF PENSION CONTRIBUTIONS

PLEASE PRINT OR TYPE:

- 1) a. Name of Employee: _____
First. Middle & Last
- b. Social Security Number: _____
- c. Date of Birth: _____
Monthy-Day-Year
- d. Home Telephone Number: () _____
- 2) a. Date of Hire: _____
- b. Last Day Worked: _____
Partime Employment Date: _____
- 3) Permanent address to which check and correspondence should be sent:
- _____
- Street
- _____
- City State Zip Code

I understand that this refund of contributions represents a refund of my interest in the pension plan and is in lieu of any other benefit under the Plan that I may be entitled to.

I hereby release the Fund from any further liability to me for any form of benefits under the Pension Plan.

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits.

This Application revokes any prior Applications.

(Witness' Signature)

(Employee's Signature)

Date: _____