

**CITY OF MARCO ISLAND FIREFIGHTERS' PENSION FUND
APPLICATION FOR REFUND OF PENSION CONTRIBUTIONS**

PLEASE PRINT OR TYPE:

1. a. Name of Employee: _____
Last, First, Middle

b. Social Security Number: _____

c. Date of Birth: _____
Month-Day-Year

d. Home Telephone Number: _____

2. a. Date of Hire by the City: _____
Month-Day-Year

b. Capacity of Work: _____

c. Last day worked, or expected to work: _____
Month-Day-Year

3. Permanent address to which check and correspondence should be sent:

Address Street

City State Zip-Code

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..

EMPLOYEE'S SIGNATURE

DATE