

# APPLICATION FOR REFUND OF CONTRIBUTIONS

Department of State Treasurer, Firemen's and Rescue Squad Workers' Pension Fund  
325 North Salisbury Street, Raleigh, North Carolina 27603-1385

Name \_\_\_\_\_ S.S. No. \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
Fire ☐ Rescue ☐ Department Name \_\_\_\_\_

## MEMBER CERTIFICATION

(1) **I understand and agree** that in making a claim for and upon receiving a refund of contributions, I lose all rights and benefits (including disability - if applicable) from the Pension Fund both for myself and my beneficiaries.

(2) **I understand** that any contributions made to my account by a fire department or rescue squad will be refunded to said department, if a letter stating such is on file with the Pension Fund.

(3) **I understand** that the proceeds of the account will be all monies contributed to the Fund less an administrative fee equal to the lesser of the amount contributed to the Fund or twenty-five dollars (\$25.00).

Signature \_\_\_\_\_ Date \_\_\_\_\_

## NOTARY PUBLIC CERTIFICATION

State of \_\_\_\_\_ County of \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public of said State and County, do hereby certify that  
\_\_\_\_\_ personally appeared before me and acknowledged the due  
execution of the foregoing instrument.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. (Notary Seal)

Signature of Notary \_\_\_\_\_ My Commission Expires \_\_\_\_\_

## This section is for Pension Fund Use Only:

Refund Paid To: Member ☐ Department/Squad ☐

Date and Amount Paid: \_\_\_\_\_