

APPLICATION FOR RETIREMENT

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

Effective Date of Retirement ____ / 1 / ____

If Paid Member, Date of Termination of Paid/Active Employment ____ / ____ / ____

I **certify** that I have served a period of not less than twenty (20) years and have contributed to the Pension Fund for a period of two hundred and forty (240) months, (unless disability provisions apply), and

I **certify**, if I was a paid fireman or rescue squad worker, that I have retired from active employment, and

I **understand** that if I was a volunteer fireman or rescue squad worker that I may choose to continue to serve as a volunteer.

I hereby certify that the above information is true and correct to the best of my knowledge under penalty of law.

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.

(Notary Seal)

Witness my hand and seal this _____ day of _____, 20____.

Signature of Notary _____ My Commission Expires _____

DEPARTMENT CERTIFICATION

Volunteer I certify that _____ was a volunteer member of the below named
(Member's Name)
OR fire department/rescue squad.

Paid I certify that _____ was a paid member of the below named fire depart-
(Member's Name)
ment / rescue squad and has retired from paid/active employment as of _____.

I hereby certify that the information on the above-named person is true and correct to the best of my knowledge under penalty of law.

Signature _____ / / _____ Department Name _____
(Fire Chief or Rescue Squad Captain) (Date)