



# Georgia Firefighters' Pension Fund

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Phone: 770-388-5757 or 1-866-374-0788 Fax: 678-413-4227

eMail: [membership@gfpf.org](mailto:membership@gfpf.org)

Web Site: <http://www.gfpf.org>

## Refund Request

PENSION OFFICE AUDIT

OFFICE USE ONLY

Date \_\_\_\_\_ Amount \_\_\_\_\_  
 Check No. \_\_\_\_\_ 5% Fee \_\_\_\_\_  
 By \_\_\_\_\_ Balance \_\_\_\_\_  
 Approved: \_\_\_\_\_

**MEMBER INFO:** {please print}

Member ID No. \_\_\_\_\_ OR Social Security No. \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**I am leaving the Georgia Fire Service:** Yes \_\_\_\_\_ No \_\_\_\_\_

As provided in O.C.G.A. Title 47, Chapter 7, I hereby withdraw from membership in the Georgia Firefighters' Pension Fund and I hereby make application for the return of my contributions and/or dues accumulated to my credit in the Georgia Firefighters' Pension Fund and in accordance with all laws that are in force as of the above date.

In consideration of the return of such amount, I do hereby waive for myself, my heirs and assigns, all my right, title and interest to any and all benefits for prior service under the Georgia Firefighters' Pension Fund. I am aware that should I again become a member of the Georgia Firefighters' Pension Fund that none of my prior service can be restored and that I would be required to pay a reinstatement fee of \$100.00.

Sworn to and subscribed before me

\_\_\_\_\_  
Signature of Member

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Print Name of Member

\_\_\_\_\_  
Signature of Notary Public & Seal

\_\_\_\_\_  
My Commission Expires On

**Current Dues Paid By:** {select one}

\_\_\_\_\_ **Member:**

\_\_\_\_\_ **Payroll Deduction** - - Please have your Payroll Department complete the following:

I hereby certify that no more dues will be paid to the Georgia Firefighters' Pension Fund for the above member as of \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month / day / year

\_\_\_\_\_  
**Finance Officer**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month / day / year

\_\_\_\_\_ **Fire Department or Station** - - Please have the Fire Department or Station complete the following:

I hereby certify that no more dues will be paid to the Georgia Firefighters' Pension Fund for the above member as of \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month / day / year

\_\_\_\_\_  
**Dues Collection Officer**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month / day / year