



Georgia Firefighters' Pension Fund

2171 East View Parkway • Conyers • Georgia • 30013-5756

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

eMail: 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