

PENSION REFUND APPLICATION

PLEASE PRINT OR TYPE

SEND APPLICATION TO:

NOTE: Please state your name as it appears on your payroll check. If your name has changed since your original employment, please indicate.

Administrative Services, Inc.
2187 Northlake Parkway
Suite 106, Building 9
Tucker, GA 30084-4149

Employee's Name

Department

Street Address

Daytime Phone Number or Pager

City State Zip

Social Security #

Employment Date

Termination Date

I have terminated my service with the City of Atlanta, and I hereby request a refund of my contributions to the pension fund. I understand that my refund will be mailed to the above address unless I indicate below my desire to pick it up.

Signature

Date

NOTE: Please allow 45 to 90 days for Application to be processed.

_____ Check here if you desire to pick up your refund.

I hereby certify that all City property (including, but not limited to, **tools, ID card, parking card and other equipment**) issued to or in possession of the above named has been returned in satisfactory condition, and that there are no outstanding liabilities or liabilities under investigation concerning said employee. **Absolutely no application will be processed without an authorized signature from the department.**

Authorized Department Representative

Date

*****PLEASE INCLUDE A COPY OF YOUR LAST CHECK STUB AND A CLEAR COPY OF YOUR DRIVER'S LICENSE WITH YOUR APPLICATION*****