

CITY OF ATLANTA POLICE PENSION FUND

DATA CARD PLEASE PRINT ALL ANSWERS



Employee _____ Last _____ First _____ Middle Initial _____

Address _____ Street No. _____ City _____ State _____ Zip Code _____

Date of Birth _____ Social Security No. _____ Male Female Single Married

If Married, Spouse's Name _____ Last _____ First _____ Middle Initial _____ Relationship _____

Date of Marriage _____ Spouse D.O.B. _____

Example (Jones, Mary Ann - Not Jones, Mrs. John H.)
Full Name of Beneficiary

Last	First	Middle Initial	Date of Birth	Relationship	Social Security #

I hereby declare that all the statements and answers to the above questions are true, and that they are the basis on which benefits are provided.

Date _____ 20 _____ Signature of Employee (Sign Full Name) _____