

**CITY OF ATLANTA
(IN THE LINE OF DUTY)
PAGE 2**

In consideration for the acceptance of this application for the review and determination of eligibility for a disability pension:

I hereby authorize the Board of Trustees, _____ Pension Fund, their agents, servants, or employees, and employees of the City of Atlanta to have access to any information on file in governmental and/or health status pertaining to me. I do further release such Trustees, agents and employees from any and all claims, actions, causes of action, and/or damages resulting from or arising out of the release of such information.

I hereby declare that all information provided by me on this form is complete, true and accurately recorded. I, therefore request that I be granted a disability pension in the line of duty to be computed as provided by law, for the remainder of my life or until such times as my disability is corrected. Such benefits to commence the day following the last day of paid employment for the City of Atlanta.

I further certify that I (have) (have not) provided for the continuance of my pension to a Beneficiary.

_____ Name – Primary Beneficiary	_____ Date of Birth	_____ Date of Marriage
_____ Name – Secondary Beneficiary	_____ Date of Birth	_____ Date of Marriage

Sword to and subscribed before me

This the _____ day of _____, 2005

Applicant's Signature

NOTARY