



CITY OF ATLANTA FIRE (SWORN) PENSION FUND
ENROLLMENT CARD • 1924 PENSION ACT AS AMENDED IN 1978, 1986, 2005 & 2010

EMPLOYEE:			
_____	_____	_____	_____
Last Name	First Name	MI	Maiden Name
ADDRESS:			
_____	_____	_____	_____
Street #.	City	State	Zip Code
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Single	<input type="checkbox"/> Married
_____		_____	
Date of Birth		Social Security #	
			FIRE
			Department

S - SPOUSE, C - CHILD OR DP - DOMESTIC PARTNER (RELATIONSHIP – CHECK ONE)

PRIMARY BENEFICIARY – IF MORE THAN ONE PRIMARY BENEFICIARY IS NAMED, MONTHLY PENSION BENEFITS WILL BE EQUALLY DIVIDED AMONG THOSE NAMED.

<input type="checkbox"/> S	_____	_____	_____
<input type="checkbox"/> C	_____	_____	_____
<input type="checkbox"/> DP	Full Name	Social Security #	Date of Birth

<input type="checkbox"/> S	_____	_____	_____
<input type="checkbox"/> C	_____	_____	_____
<input type="checkbox"/> DP	Full Name	Social Security #	Date of Birth

<input type="checkbox"/> S	_____	_____	_____
<input type="checkbox"/> C	_____	_____	_____
<input type="checkbox"/> DP	Full Name	Social Security #	Date of Birth

<input type="checkbox"/> S	_____	_____	_____
<input type="checkbox"/> C	_____	_____	_____
<input type="checkbox"/> DP	Full Name	Social Security #	Date of Birth

SECONDARY BENEFICIARY – IF YOUR PRIMARY BENEFICIARIES DIE OR BECOME INELIGIBLE, MONTHLY PENSION BENEFITS WILL BE EQUALLY DIVIDED AMONG ANY ELIGIBLE SECONDARY BENEFICIARIES NAMED.

<input type="checkbox"/> S	_____	_____	_____
<input type="checkbox"/> C	_____	_____	_____
<input type="checkbox"/> DP	Full Name	Social Security #	Date of Birth

<input type="checkbox"/> S	_____	_____	_____
<input type="checkbox"/> C	_____	_____	_____
<input type="checkbox"/> DP	Full Name	Social Security #	Date of Birth

<input type="checkbox"/> S	_____	_____	_____
<input type="checkbox"/> C	_____	_____	_____
<input type="checkbox"/> DP	Full Name	Social Security #	Date of Birth

REFUND DESIGNEE – A REFUND OF YOUR CONTRIBUTIONS, LESS ANY BENEFITS PAID, WILL BE MADE TO WHOMEVER YOU NAME AS A REFUND DESIGNEE IF:
(1) YOU DO NOT HAVE A SPOUSE/MINOR CHILD OR DOMESTIC PARTNER AT THE TIME OF YOUR DEATH OR (2) YOUR BENEFICIARIES ARE NOT ELIGIBLE TO RECEIVE A MONTHLY PENSION BENEFIT UPON YOUR DEATH

 Name of Refund Designee

 Social Security #

 Employee's Signature

 Date