

## RENUNCIATION OF VESTING RIGHTS

The undersigned does hereby waive and renounce any and all rights to receive a pension from the Fulton County Schools Employees' Pension Fund, and does request the refund of contributions heretofore made to said fund.

This renunciation is signed with full knowledge of the fact that the undersigned's rights to receive a pension were automatically granted after ten (10) years of service. The acceptance of this refund makes the recipient no longer eligible for any pension benefits based on the period of affected service.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
SSN and/or Employee ID

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

\_\_\_\_\_  
Notary Public

Commission Expires