

FULTON COUNTY SCHOOLS EMPLOYEES' PENSION

6201 Powers Ferry Rd • Atlanta, GA 30339 • Phone (470) 254-0102 • Fax (866) 500-9747



Vesting Application

Member please complete, have notarized, and return to Pension Services

Member Social Security Number

Date

Last Name

First Name

M. I.

TO: THE FULTON COUNTY SCHOOLS EMPLOYEES' PENSION BOARD
RE: POSTPONE RETIREMENT UNDER ACT 1035, HOUSE BILL 1505, 1976 ACTS,
WHICH PROVIDES FOR VESTING PRIVILEGES AFTER TEN YEARS OF ACTIVE SERVICE

This is to inform you that I will leave the employment of the Fulton County Board of Education on _____ and to serve as my election to postpone the effective date for the receipt of my pension benefits until such date when I will reach: (check one)

_____ Age 55 with 30 years of service
_____ Age 55 with 25 years of service

_____ Age 60 with 25 years of service
_____ Age 65 with 10 years of service

This election is made pursuant to Georgia Laws 1976, Act 1035, House Bill 1505.

Employee Signature

Sworn to subscribed before me this _____ day of _____, 20_____.

Notary Public

Please complete the following information:

Date of Birth: _____

Address: _____

School : _____

Title: _____

FOR OFFICE USE ONLY:

Date of Employment: _____

Last date on payroll: _____

Eligibility Date: _____