

RENUNCIATION OF RIGHTS TO PARTICIPATE

Please complete and return to Pension Services

I, the undersigned, being sixty-one (61) years of age or older at the time of my initial employment by the Fulton County Board of Education, do hereby renounce the provisions of the Act providing for a system of pension and retirement pay to teachers and employees of the Board of Education of Fulton County approved February 2, 1945, GA Laws 1945, page 528, as amended, particularly by an Act approved April 11, 1979, GA Laws 1979, page 3248.

I understand by the filing of this statement that no pension contributions will be withheld from my salary. I further understand that I will be entitled to no benefits under said Act, and that the receipt of the amounts which otherwise would be withheld from my salary is sufficient consideration for this renunciation.

Signature of Employee

SSN and/or Employee ID

Date

By signing this form, I hereby attest that this form and each related form submitted to Fulton County Schools is true, correct and accurate and reflects my intentions and elections with respect to my benefits. I understand that any falsification, omission, or concealment of a material fact or statement may jeopardize the validity of this form, my elections and my benefits and may subject me to disciplinary action up to and including termination of employment and or benefits.

FULTON COUNTY SCHOOLS EMPLOYEES' PENSION

6201 Powers Ferry Road * Atlanta, GA 30339 * Phone 470 254 0102 * Fax 866 500 9747