FULTON COUNTY SCHOOLS EMPLOYEES' PENSION FUND
6201 Powers Ferry Road NW ● Atlanta, GA 30339 ● Phone (470) 254-0102 ● Fax (866) 500-9747



Renunciation of Rights to Participate

Please complete and return to Retirement Services

_____ _____
Employee's Social Security Number Date of Birth

_____ _____ _____
Last Name First Name M. I.

I, the undersigned, being sixty-one (61) years of age or older at the time of my initial employment or the time of my reemployment by the Fulton County Board of Education, do hereby renounce the provisions of the Fulton County Employees' Pension Fund ("Plan") providing for a system of pension and retirement pay to certain teachers and employees of the Board of Education of Fulton County.

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

NOTE: Any person renouncing all rights under the Plan will be required to participate in and contribute to the Fulton County Schools FICA Alternative Section 403(b) Tax Deferred Compensation Plan.

NOTE: Any person failing to exercise the right provided by the terms of the Plan within 90 days of becoming eligible for the Plan, shall become and remain a member of the Plan as a condition of employment.

_____ Date: _____
Employee's Signature

WITNESS:

_____ Date: _____
Witness Signature

NOTE: A witness cannot be spouse or relative or other designated beneficiary of the employee.

FOR OFFICE USE ONLY:

Date of Initial Employment: _____

Age at Initial Employment: _____

Approving Authority's Signature: _____