



## APPLICATION FOR REFUND

TO: Executive Director  
Alabama Firefighters' Annuity & Benefit Fund  
P.O. 71210  
Tuscaloosa, Alabama 35407

I hereby make application for the return of ninety percent (90%) of my accumulated fees in accordance with the provisions of Act No. 2010-0726

I (am)\_\_\_\_\_ (am not)\_\_\_\_\_ presently employed as a peace firefighter.

I understand that if I withdraw and receive this refund, I shall not thereafter have any rights with respect to the Fund and may not thereafter be entitled to become a member except as a new member. I understand that any Qualified Service I have at the time of my withdrawal may not be credited on any later Qualified Service in the determination of annuities and benefits should I later re-apply for membership in the fund.

In consideration of the return of this amount, I do hereby waive for myself, my heirs, and my assigns, all my rights, title, and interest in the Alabama Firefighters' Annuity and Benefit Fund.

My Membership Certificate No. \_\_\_\_\_ is enclosed.

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City, State and Zip Code)

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

\_\_\_\_\_  
(Notary Public)