



ALABAMA FIREFIGHTERS' ANNUITY & BENEFIT FUND  
P.O. 71210  
Tuscaloosa, Alabama 35407

**APPLICATION FOR SERVICE RETIREMENT**

**TO THE BOARD OF COMMISSIONERS:**

In accordance with the provisions of **Section 10 Retirement Benefits, of Act 2010-0726**, I hereby make application for service retirement.

1. Name in Full \_\_\_\_\_

2. Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ 3. Present Age \_\_\_\_\_

4. By whom were you employed or enrolled immediately prior to retirement? \_\_\_\_\_  
\_\_\_\_\_ Effective date of retirement \_\_\_\_\_

5. Is your retirement a result of participating in a DROP program? Yes \_\_\_\_ No \_\_\_\_

6. What was your job title? \_\_\_\_\_

**OATH: I do hereby verify that the information furnished above is true and correct to the best of my knowledge and that if I am again employed as a firefighter, I will notify the Executive Director, at which time my retirement benefits will be stopped.**

8. Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

9. Mailing Address of Applicant \_\_\_\_\_  
\_\_\_\_\_

10. Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Active Membership NO. \_\_\_\_\_

11. Beneficiary \_\_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Relationship \_\_\_\_\_

12. Mailing Address of Beneficiary \_\_\_\_\_

State of Alabama, County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, the above named

\_\_\_\_\_  
Personally appeared before me, and made and oath that the statements made above are true

Signature of Notary Public \_\_\_\_\_

**TO BE FILLED IN BY LAST EMPLOYER:**

Effective Date of Retirement \_\_\_\_\_

Approved for retirement by \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Chief of Department

