

EMPLOYEES' RETIREMENT SYSTEM
Of The City Of Providence-Providence, Rhode Island
Application Of Member For Return Of Accumulated Contributions

Date..... 20.....

To the Employees' Retirement System of the City of Providence:

I,.....,residing at.....
(Name) (Home Address)

do hereby make application for the return of the amount of contributions and accrued interest thereon, standing to my credit in the Annuity Savings Fund. In consideration of the return of such amount I do hereby waive for myself, and my heirs and assigns, all my right, title, and interest in the said Annuity Savings Fund and in any and all funds under the care and control of the Employees' Retirement System of the City of Providence.

I understand by the withdrawal of my accumulated contribution as herein requested, my membership and right for past service will be ended, and that, if I so elect, I could, without further contributions, allow these savings to remain with the retirement system drawing interest at four percent, at annum for my benefit and thereby continue my membership and my past service rights until I shall have been out of city-service more than five years in any ten consecutive years.

resigned

I from my position as.....
was dismissed
Department.....

on the.....day of..... 20.....
and am not now in city service.

Signature.....

State of.....County of.....

On this.....day of..... 20.....

personally appeared before me the said.....
to me known to be the individual described in and who executed the foregoing instrument, and he (or she) duly acknowledged to me that he (or she) executed the same, and being duly sworn by me, made oath that the statements contained therein are true.

.....
Notary Public