



EMPLOYEES' RETIREMENT SYSTEM CITY OF PROVIDENCE
25 Dorrance Street
Providence, RI 02903

APPLICATION FOR SERVICE RETIREMENT

Instruction: Please print or type in black ink.

MEMBER INFORMATION

Name: _____ SSN: _____
Address: _____ Date of Birth: _____
City: _____ State: _____ ZIP: _____
Phone: _____ Retirement Date: _____

To the Providence Retirement Board,

I, _____, the undersigned member of the
Employees' Retirement System of the City of Providence, in accordance with Chapter
429, of the State of Rhode Island and Providence Plantations, as amended, do hereby
apply for retirement from active service as a _____

Give title of position as it appears on the payroll

in _____

Give department in which employed

Signature _____ Date _____

Beneficiary Information:

Name _____, Relationship _____

Born on _____ SSN _____

Address: _____ City _____ State _____ Zip _____

NOTARIZATION OF MEMBER'S OR REPRESENTATIVE'S SIGNATURE

State of _____, County of _____

Subscribed and sworn to (or affirmed) before me on this the _____ day of
_____, _____.

(Seal) _____
Date of Commission Expiration _____ Notary Public