RETIREMENT APPLICATION

City of Alexandria Firefighters & Police Officers Pension Plan

Department of Finance, Pension Administration Division
City Hall, PO Box 178 Alexandria, VA 22313

PARTICIPANT INFORMATION		
Name:	**Social Security Number:**	
Address: **Street Address:** _____ **City, State, Zip Code:** _____ **Day time Phone Number:**		
Date of Birth:	**Last Working Day:**	**Retirement Date:**
Type of Retirement: ☐ **Normal Retirement** ☐ **Unreduced Early** ☐ **Reduced Early Retirement** ☐ **Deferred Retirement**		
Marital Status: ☐ **Single** ☐ **Married** ☐ **Divorced** ☐ **Widowed**		
SPOUSAL INFORMATION (IF MARRIED)		
Spouse's Name	**Date of Birth**	
Spouse's Address if Different from Home Address:		
PARTICIPANT'S SIGNATURE		
I hereby certify that the above information is true and accurate to the best of my knowledge. **Signature:** **Date:**		
EMPLOYER CERTIFICATION (PERSONNEL DEPARTMENT)		
Date of Hire with City of Alexandria Police or Fire Department as a sworn Police Officer or Firefighter :	**Break in Service Dates:**	
EMPLOYMENT DATES VERIFIED BY: **Name:** _____ **Date:** _____ **Title:**		
PLAN ADMINISTRATOR AUTHORIZATION: _____ _____ **SIGNATURE** **DATE**		