



NOTICE OF INTENT TO VEST CONTRIBUTIONS (PLUS INTEREST)

* Return this form **ONLY** if you are vested and wish to leave your contributions in the Fund until normal retirement.

I, _____ hereby notify that I ceased to be an employee of the City of Fort Worth, Texas, on the _____ day of _____ 20 _____. I am a vested member (at least five years of credited service) of the Employees' Retirement Fund and choose to vest my contributions until attainment of my normal retirement date had I remained employed by the City of Fort Worth or in a reduced amount commencing on or after age fifty (50).

HOME TELEPHONE NUMBER

SOCIAL SECURITY NUMBER

WORK OR ALTERNATE PHONE NUMBER

SIGNATURE

STREET ADDRESS

DATE

CITY STATE ZIP

RETURN THIS FORM TO:

FORT WORTH EMPLOYEES' RETIREMENT FUND
3801 HULEN STREET, STE. 101
FORT WORTH, TX 76107