



NOTICE OF INTENT TO VEST CONTRIBUTIONS (PLUS INTEREST)

IMPORTANT: Complete and return this form ONLY if you are vested and wish to leave your contribution plus interest in the Fund until your Normal Retirement. To be vested you must have at least five (5) years of credited service with the Fund.

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 of the Fort Worth Employees' Retirement Fund and choose to vest my contributions plus interest. I understand that I am eligible to commence my pension benefit upon attainment of my vested retirement date or in a reduced amount commencing on or after age fifty (50) or fifty-five (55), whichever is applicable. I further understand that it is my responsibility to contact the Retirement Office sixty (60) days prior to the commencement of my benefit to complete the required retirement paperwork.

SOCIAL SECURITY NUMBER

HOME TELEPHONE NUMBER

ALTERNATE TELEPHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP

SIGNATURE

TODAY'S DATE

RETURN COMPLETED FORM TO: FORT WORTH EMPLOYEES' RETIREMENT FUND
3801 HULEN ST, SUITE 101
FORT WORTH, TX 76107