

# BENEFICIARY APPLICATION



CITY OF ATLANTA PENSION CENTER

2472 Jett Ferry Rd, Ste 400-410

Atlanta, GA 30338

Phone: (888) 594-0216

Fax: (866) 201-5033

Pension Plan:  Board of Education  
 Fire  
 General Employees  
 Police

Relationship to Deceased Participant:  Spouse  
 Registered Domestic Partner  
 Minor Child  
 Other

## DECEASED PARTICIPANT'S INFORMATION

Full Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Death<sup>1</sup>: \_\_\_\_\_

<sup>1</sup>You must provide a copy of the death certificate.

## BENEFICIARY'S INFORMATION

Full Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_

Date of Birth<sup>2</sup>: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Date of Marriage<sup>3</sup>: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

<sup>2</sup> You must provide proof of your age. (For a spouse, domestic partner, or other adult beneficiary, acceptable proofs of age are a copy of your driver's license, birth certificate, or passport. A minor child must provide a copy of their birth certificate. They must be a child of the deceased participant, and they must be under age 18 (or 23 if they are a full-time student).)

<sup>3</sup> If you are a surviving spouse (or registered domestic partner), you must provide a copy of your marriage certificate (or City-issued Certificate of Domestic Partnership).

I understand that completion of this application does not entitle me to any death benefits. Upon review of the death certificate, my application and supporting documentation, and the deceased participant's pension file, a final benefit determination will be made, and I will be notified at that time if I am eligible for benefits.

I hereby certify that the above facts are true and correct.  
Affirmed and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary's Signature

\_\_\_\_\_  
Applicant's Signature (or signature of Parent/Guardian)

\_\_\_\_\_  
Printed Name of Parent/Guardian (if applicant is a minor)

Notary stamp or seal:

# DIRECT DEPOSIT AUTHORIZATION



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This form must be returned with a voided check or documentation provided by your bank that includes your routing and account number. We CANNOT process this form without one of these documents.

Pension Plan:  Board of Education  
 Fire  
 General Employees  
 Police

Supporting Documentation:  Voided Check  
 Other Bank Documentation

## PARTICIPANT INFORMATION

Full Name: \_\_\_\_\_

Bank Name:  Atlanta Credit Union

SSN: \_\_\_\_\_

Other: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Account Type:  Checking  Savings

Phone Number: \_\_\_\_\_

Routing #: \_\_\_\_\_ (9 digits)

Email Address: \_\_\_\_\_

Account #: \_\_\_\_\_

Please update my address as indicated above

## ALTERNATE ACCOUNT

Amount to be deposited in alternate account: \_\_\_\_\_

Bank Name:  Atlanta Credit Union

Account Type:  Checking  Savings

Other: \_\_\_\_\_

Routing #: \_\_\_\_\_ (9 digits)

Account #: \_\_\_\_\_

Whereby I authorize the Pension Fund Administrator to deposit my net pay to my account(s) at the above-named bank(s) or financial institution(s). I also authorize the Pension Fund Administrator to adjust any over/under deposit made to my account(s). I will not hold my bank(s) or financial institution(s) liable for any erroneous deposit or subsequent payroll adjustment by the Pension Fund Administrator, and I agree that the bank(s) or financial institution(s) listed above may treat each such deposit as if it were deposited by me in person.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# TAX FORM



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## PARTICIPANT INFORMATION

Pension Plan:

- Board of Education
- Fire
- General Employees
- Police

Full Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## FEDERAL WITHHOLDING

1	<input type="checkbox"/> Check here <b>if you do not want any federal income tax withheld</b> from your pension or annuity. (NOTE: If you check this box, do not complete lines 2 or 3.)		
2	<input type="checkbox"/> Check here <b>if you want federal tax withheld</b> from each pension or annuity payment based on the number of allowances and marital status listed here. (NOTE: You may also designate an additional dollar amount on line 3.)  <small>For help determining your allowances, complete the Personal Allowances Worksheet found on page 4 of <a href="#">IRS Form W-4P</a>.</small>	Marital status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Married, but withhold at higher single rate	_____ (# of allowances)
3	<input type="checkbox"/> Check here <b>if you want an additional amount withheld</b> from each pension or annuity payment. (Note: Enter an amount here only if you completed line 2.)		\$ _____

## STATE WITHHOLDING

0	Please indicate your state of residence.		_____
1	<input type="checkbox"/> Check here <b>if you do not want any state income tax withheld</b> from your pension or annuity. (NOTE: If you check this box, do not complete lines 2 or 3.)		
2	<input type="checkbox"/> Check here <b>if you want state tax withheld</b> from each pension or annuity payment based on the number of allowances and marital status listed here. (NOTE: You may also designate an additional dollar amount on line 3.)  <small>For help determining your allowances, complete the Personal Allowances Worksheet found on the Withholding Certificate for Pension or Annuity Payments for the state in which you reside.</small>	Marital status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Head of Household	_____ (# of allowances)
3	<input type="checkbox"/> Check here <b>if you want an additional amount withheld</b> from each pension or annuity payment. (Note: Enter an amount here only if you completed line 2.)		\$ _____

Signature \_\_\_\_\_

Date \_\_\_\_\_



**O.C.G.A. §50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for a City of Atlanta Pension Refund, Withdrawal, Hardship or other public benefit as referenced in O.C.G.A. §50-36-1, I am stating the following with respect to my application for a City of Atlanta public benefit:

For: \_\_\_\_\_  
[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

- 1). \_\_\_\_\_ I am a United States citizen.
- 2). \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3). \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. §50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can be best classified as:

\_\_\_\_\_.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. §16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_