



CITY OF PROVIDENCE

APPLICATION FOR SERVICE RETIREMENT

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 Employee 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

_____ in _____.
Give title of position as it appears on the payroll Give department in which employed

Signature _____ Date _____

BENEFICIARY INFORMATION

Name _____ Relationship _____

Date of Birth _____ 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