Retirement Application Checklist

_____ Effective Retirement Date (must be the 1st of month) _____ page 1 _____ page 3

_____ Proof of Birth for Participant (see Acceptable proof of birth document form)

_____ Proof of Birth for Beneficiary If electing Option B or C (see Acceptable proof of birth document form)

_____ Participant's Initials next to Benefit Payment Option Election on Page 2 Section 2

_____ Percentage required if electing option B

_____ Period payment required if electing option C

_____ Social Security Number: _____ Participant   _____ Beneficiary (if applicable)

_____ Employment Dates, date of hire, and termination date, on Page 3 Section 4.

_____ Leave of absence report form for leave time (i.e. FMLA, Worker's comp, etc.) is required.

_____ Earnings (Page 3 Section 5) must equal the 3 or 5 highest consecutive years of earnings (36 or 60 Months or as defined in your plan)

_____ 12 Month average earnings prior to termination for Disability retirement ONLY (If applicable in Your plan)

_____ Social Security Award if electing a Disability Retirement (if applicable)

_____ Participant's signature and date on page(s) ____ 1 ____ 3 ____ 4

_____ Signature of named Pension Committee Secretary (Page 4 of 5)

_____ Affidavit Verifying Lawful Presence in the United States (SAVE Affidavit)

_____ Signature on Direct Deposit form / Voided Check (if applicable)

_____ Federal and State tax forms (if applicable)

PLEASE NOTE:
Submit completed retirement application **securely** to adminretire@gmanet.com or by fax (678) 686-6244. If you are unable to do so, you may contact us so that we can create a secure email thread to assist you. Completed applications must be in our office no later than the fifth (**5th**) of each month in order for payment to be made the first of the next month. You may retain the original document for your records, you no longer need to mail them to us.

.