

TOWN OF MANCHESTER, CONNECTICUT

APPLICATION TO JOIN PENSION

DEFINED BENEFIT PLAN

DATE: _____

I hereby apply for the benefits of the Pension system of the Town of Manchester, CT, and represent the following statements to be true, and authorize the withholding from my pay and payment into the "Retirement Allowance Fund" of the required percentage of my wages and salary. I understand this selection to be irrevocable.

NAME: (Please Print)

Last Name First Name Middle Name

BIRTH DATE: (Attach Birth Certificate or Other Proof)

MONTH DAY YEAR

PLACE OF BIRTH: _____
CITY STATE COUNTRY

RECORD OF EMPLOYMENT BY THE TOWN OF MANCHESTER:

Date of commencement of first regular employment by the Town: _____

Effective Date of Pension Contributions: _____

BENEFICIARY INFORMATION: (Please see reverse side of form)

SIGNATURE OF EMPLOYEE: _____