

Policemen's and Fire Fighter's Retirement Fund
Of The Lexington-Fayette Urban County Government

Application for Service Retirement

Applicant: Last Name First Middle Employee Number

Address City State Zip

Social Security Number Date of Birth Home Phone Number

Division Current or Last Assignment Current or Last Work Phone Number

I became a member of the Division of Police or Fire on: _____

As of the date of application I have completed _____ years and _____ months of service.

As of the date of application I have purchased _____ years and _____ months of service or a total of _____ quarters of service credit.

As of the date of application I have a total service credit of _____ year's _____ months of service.

Signature