FIREFIGHTERS' PENSION & RELIEF FUND FOR THE CITY OF NEW ORLEANS

3520 General De Gaulle, Ste. 3001 New Orleans, LA 70114 Phone: (504) 366-8102 Fax: (504) 366-8103

NOTIFICATION OF PARTICIPATION

(New System Firefighter)

You are eligible to participate, as a New System Member, in the Firefighters' Pension & Relief Fund for the City of New Orleans ("Fund"), as established under La. R.S. 11:3361 et seq. Enclosed is a copy of a Summary Plan Description explaining the operation of the Fund and any benefits to which you are entitled thereunder.

Please provide the following information and return this Notification to the Trustees at: the above address:

(Please Print or Typ	e)		·		
Name:					
Last			Middl	Middle	
Address:			-	-	
Nun	iber & Street	City	State	Zip Code	
Telephone Numbe	r:()				
Social Security Nu	ımber:				
Date of Employme	ent as Firefighter:	•			
		Month	Day	Year	
Date of Birth:					
	Month	Day		Year	
(Please submit ve	rification of date of	birth, i.e. certified co	opy of birth certif	ficate.)	
Marital Status:	□ Single	□ Married	□ Divorced	□ Divorced	
If Married:	•		. *		
Name of Spouse:_					
_	Last	First	Middl	е	

Notification of Participation Page 2

Date of Marriage:			
-	Month	Day	Year
(Please submit verif	ication of date of ma	rriage, i.e. certified co	opy of marriage license.)
Spouse's Date of Birt	h:		
_	Month	Day	Year
(Please submit verifi	cation of date of bir	th, i.e. certified copy	of birth certificate.)
Spouse's Social Secur	rity Number:		· ·
information should ch	nange	rustees of the Fund, in	.,
I certify that the belief.	ne above information	is true and correct to th	e best of my knowledge and
Date:			
		Signature of A	Active Firefighter
			•
Date Filed with Board of	of Trustees:		