

Mayor  
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**APPLICATION FOR RETURN OF CONTRIBUTIONS**

Dept # \_\_\_\_\_  
Employee # \_\_\_\_\_  
Date: \_\_\_\_\_

TO THE TRUSTEES:

I \_\_\_\_\_, hereby apply for the return of the contributions, made by \_\_\_\_\_, to the CLASSIFIED EMPLOYEES RETIREMENT FUND, together with interest. In consideration of the return of such, I waive for myself and my dependents, all rights, title and interest in any and all funds under the care and control of the Trustees of the CLASSIFIED EMPLOYEE RETIREMENT FUND.

I left the City on: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I request that a check, drawn to my order in the amount due, be sent to the address that I have provided.

\_\_\_\_\_ I request that the distribution be rolled into a qualified Retirement plan.

Name of financial institution \_\_\_\_\_

Make check payable to \_\_\_\_\_

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

Note: In the event that an employee who has terminated employment seeks to be reinstated after reemployment by the City before the employee shall be eligible to receive the benefits of the pension plan herein established for service prior to said reinstatement, the employees shall repay all sums refunded on the prior termination of employment, together with interest at the rate of five percent (5%) per annum. No such reinstated employee shall be eligible for any benefit hereunder until completion of two years of service since the last reinstatement, except the right to refund of contributions, with interest as set forth in the City Charter the various collective bargaining agreements and in the minutes of the Trustees of the CERF.