

FORM 5

APPLICATION FOR REFUND

TO: Executive Director
Alabama Peace Officers' Annuity & Benefit Fund
514 South McDonough Street
Post Office Box 2186
Montgomery, Alabama 36102-2186

I hereby make application for the return of ninety percent (90%) of my accumulated fees in accordance with the provisions of Act No. 36-21-74.

I (am) _____ (am not) _____ presently employed as a peace officer.

I understand that if I withdraw and receive this refund, I shall not thereafter have any rights with respect to the Fund and may not thereafter be entitled to become a member except as a new member. I understand that any Qualified Service I have at the time of my withdrawal may not be credited on any later Qualified Service in the determination of annuities and benefits should I later re-apply for membership in the fund.

In consideration of the return of this amount, I do hereby waive for myself, my heirs, and my assigns, all my rights, title, and interest in the Alabama Peace Officers' Annuity and Benefit Fund.

My Membership Certificate No. _____ is enclosed.

(Printed Name)

(Signature)

(Social Security Number)

(Mailing Address)

(City, State and Zip Code)

Sworn to and subscribed before me on this _____ day of _____, _____.

(Notary Public)