North Carolina
Total Retirement Plans

Form **6FR**

Retiring from the Firefighters' and Rescue Squad Workers' Pension Fund

Please print or type in black ink.

Section A. Tell us about yourself.

FIRST NAME	MI	LAST NAME	SUFFIX	SSN
MAILING ADDRESS				MEMBER ID
CITY	STATE	ZIP CODE	TELEPHONE #	DATE OF BIRTH
FIRE DEPARTMENT OR RESCUE SQUAD NAME				COUNTY

Section B. Please review retirement eligibility and effective date requirements.

To receive monthly benefits, **you must be age 55 and have 20 years of creditable service** in the Pension Fund as a firefighter or rescue squad worker (or qualify under disability status), **and complete this form (6FR) and submit it to the Pension Fund office.** Creditable service is defined as eligible service for any period during which you have paid roster service and maintained contributions in the fund or for which you purchased service credit in the fund (or for which you received credit under disability status).

The retirement effective date is always the first day of the month. If this form is received in our office during the month in which you reach age 55 and you meet all eligibility requirements, your retirement will be effective on the first day of the month following your 55th birthday; however, if your 55th birthday is on the first day of the month, your retirement will be effective in the same month as your 55th birthday. If you meet all eligibility requirements and this form is received after your 55th birthday month, your retirement will be effective in the month in which this form is received in our office.

Section C. Please authorize with your signature to begin your Pension Fund benefits.

I certify that I am at least age 55, or will be on my effective retirement date, and have served as a firefighter or rescue squad worker for a period of at least 20 years and have contributed to the Pension Fund for a period of 240 months (or qualified under disability status). I certify that I have read the information on this form, and I meet the eligibility requirements and request to begin my monthly Pension Fund benefits. I understand that once I begin receiving my Pension Fund benefits, I can continue to receive my benefits while I continue to work or return to work as a paid or volunteer firefighter or rescue squad worker.

Member Signature _____ Date_____

Section D. Please have this form notarized. Improperly notarized forms will not be accepted.

Notary Public Certification

State of _____ County of _____

I, _____ , a notary public for said State and County,

do hereby certify that _____ personally appeared

INK SEAL HERE

before me this date and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this the _____ day of _____ , 20_____

Signature of Notary _____ My commission expires _____

Section E. Please attach the following required documents to this form.

☐ **Submit proof of birth** by providing a copy of one of the following: driver's license, birth certificate, passport, or state, federal, or military identification.

☐ **Submit a copy of your Social Security card** or statement from the Social Security Administration with full name and Social Security number.

Section F. Please submit this form and required documents by mail or fax.

You may mail this form with required documents to the address below, or you may fax them to (919) 855-5800. If any erasures, strikeovers, or white-outs are found in the signature or notary sections, this form will not be acceptable and you will need to complete a new Form 6FR. Upon receipt of this form, the Pension Fund will send you an acknowledgement letter confirming your retirement information and advising the payment date for your benefits.

N.C. Department of State Treasurer, Firefighters' and Rescue Squad Workers' Pension Fund
3200 Atlantic Avenue, Raleigh, North Carolina 27604
1-877-NCSECURE (1-877-627-3287) toll-free
www.myncretirement.com