



GOVERNMENT OF GUAM RETIREMENT FUND
P.O. BOX 3-C
AGANA, GUAM 96910

Telephone Nos. (671) 847-8700 or (671) 847-8724
Facsimile No. 849-8115



APPLICATION FOR RETURN OF ACCUMULATED CONTRIBUTIONS

I, _____, Social Security Number _____, do hereby make application for the return of the amount of contributions and accrued interest, if any, standing to my credit in the Government of Guam Retirement Fund.

In consideration of the return of such amount, I do hereby waive for myself, my heirs and assigns, all my rights, title and interest in the said Government of Guam Retirement Fund and in any and all funds under the care and control of the Board of Trustees of the Government of Guam Retirement fund.

By terminating my membership in the Retirement Fund and withdrawing my accumulated contributions, I understand that should I become reemployed by the Government of Guam I will be a member of the Defined Contribution Retirement System and can no longer be a member of the Retirement Fund System.

I terminated my membership in the Retirement Fund by reason of:

Resignation, Dismissal, Other: _____
from my position, as _____ of the _____
(Department or Agency)
on the _____ day of _____ 19 _____ and I am (still) (not now)
employed by the Government of Guam.

Forwarding Address:

Signature

Date

Telephone No.: _____

Under the laws of perjury, I hereby certify that the information I have provided above is true and correct.

Signature

Commonwealth Now!