



**CITY OF ATLANTA GENERAL EMPLOYEES' PENSION FUND**  
**ENROLLMENT CARD • 1927 PENSION ACT AS AMENDED IN 2011**  
**EMPLOYEE CONTRIBUTES 8% TO DB PLAN COMPONENT & 3.75% TO DC PLAN COMPONENT**

<b>EMPLOYEE:</b>				
Last Name	First Name	MI	Maiden Name	
<b>ADDRESS:</b>				
Street #.	City	State	Zip Code	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Single	<input type="checkbox"/> Married	Date Married
Date of Birth			Employment Start Date	
Social Security #		Department		

**S - SPOUSE, C - CHILD OR DP - DOMESTIC PARTNER (RELATIONSHIP – CHECK ONE)**

**PRIMARY BENEFICIARY – IF MORE THAN ONE PRIMARY BENEFICIARY IS NAMED, MONTHLY PENSION BENEFITS WILL BE EQUALLY DIVIDED AMONG THOSE NAMED.**

<input type="checkbox"/> S	<input type="checkbox"/> C	<input type="checkbox"/> DP	Full Name	Social Security #	Date of Birth
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<input type="checkbox"/> S	<input type="checkbox"/> C	<input type="checkbox"/> DP	Full Name	Social Security #	Date of Birth
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<input type="checkbox"/> S	<input type="checkbox"/> C	<input type="checkbox"/> DP	Full Name	Social Security #	Date of Birth
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<input type="checkbox"/> S	<input type="checkbox"/> C	<input type="checkbox"/> DP	Full Name	Social Security #	Date of Birth
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**SECONDARY BENEFICIARY – IF YOUR PRIMARY BENEFICIARIES DIE OR BECOME INELIGIBLE, MONTHLY PENSION BENEFITS WILL BE EQUALLY DIVIDED AMONG ANY ELIGIBLE SECONDARY BENEFICIARIES NAMED.**

<input type="checkbox"/> S	<input type="checkbox"/> C	<input type="checkbox"/> DP	Full Name	Social Security #	Date of Birth
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<input type="checkbox"/> S	<input type="checkbox"/> C	<input type="checkbox"/> DP	Full Name	Social Security #	Date of Birth
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<input type="checkbox"/> S	<input type="checkbox"/> C	<input type="checkbox"/> DP	Full Name	Social Security #	Date of Birth
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**REFUND DESIGNEE – A REFUND OF YOUR CONTRIBUTIONS, LESS ANY BENEFITS PAID, WILL BE MADE TO WHOMEVER YOU NAME AS A REFUND DESIGNEE IF:**  
**(1) YOU DO NOT HAVE A SPOUSE/MINOR CHILD OR DOMESTIC PARTNER AT THE TIME OF YOUR DEATH OR (2) YOUR BENEFICIARIES ARE NOT ELIGIBLE TO RECEIVE A MONTHLY PENSION BENEFIT UPON YOUR DEATH**

\_\_\_\_\_  
 Name of Refund Designee

\_\_\_\_\_  
 Social Security #

\_\_\_\_\_  
 Employee's Signature

\_\_\_\_\_  
 Date