North Carolina
Retirement Systems

Form 6FR
Retiring from the Firefighters' and Rescue Squad Workers' Pension Fund

Print or type in black ink. No erasures, strikeovers or whiteouts permitted. Do not staple pages.

Section A. Tell us about yourself.

First Name	M.I.	Last Name		Suffix
Mailing Address			Date of Birth	SSN
City	State	Zip Code	Phone	Member ID
Fire Department or Rescue Squad Name				County

Section B. 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. 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's Signature _____ Date _____

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

State of _____ County of _____

I, _____, a notary public for said State and County, do hereby certify

that _____ personally appeared before me this date and acknowledge

the due execution of this form. Witness my hand and official seal this the _____ day of

_____, 20 ____. My Commission Expires _____

Signature of Notary _____

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Section E. Send the following required items with this form to the address below.

☐	**Submit a copy of your Social Security card or Social Security Administration statement** with full name and SSN.
☐	**Proof of Birth:** Submit proof of date of birth by providing a copy of one of the following: - Birth Certificate, Driver's License, Passport, or State/ Federal/ Military Identification

Submit the completed form by mail or email.

N.C. Department of State Treasurer, Retirement Systems Division
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