



CITY OF TAUNTON
Contributory Retirement System

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**BOARD OF
RETIREMENT**

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Assistant Director
Kathy A. Maki

**Return of Accumulated Deductions
Disclosure Form**

I hereby certify that: (please check every option) ⇒

- I am not on a paid or unpaid leave of absence.
- I do not have an application for ordinary or accidental disability pending. I have been provided with a copy of PERAC publication, Guide to Disability Retirement.
- I am not currently appealing or planning to appeal my termination.
- I understand that by withdrawing my deductions, I lose all the rights associated with membership in the Taunton Retirement Contributory Retirement System.
- I understand that by withdrawing my accumulated deductions, if I have 10 years of creditable service, I am waiving my right to a monthly pension benefits upon reaching the age of 55.
- I understand that if I have 20 or more years of creditable service I am eligible for a monthly pension benefit and my withdrawing my accumulated deductions I am waiving my right to a monthly pension benefit.

Print Member Name

Member's Signature

Date