

CITY OF BRENTWOOD POLICE & FIREFIGHTERS' PENSION TRUST ENROLLMENT/CHANGE FORM

This form may be used for the following actions: New Enrollment / Changes / Retirement / Termination
Please select type from the options below:

_____New Enrollment _____Change _____Retirement _____Termination

THIS BOX - OFFICE USE ONLY: PLEASE FILL IN DATE

New Enrollment_____ Change_____ Retirement_____ Termination_____

mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy

MEMBER'S INFORMATION

Full Name (last, first, middle):_____

Date of birth:_____ Date of Employment:_____ SSN:_____

Current address:_____

City:_____ State:_____ ZIP
Code:_____

Daytime Phone Number:_____ Evening Phone Number:_____

Marital Status: Married_____ Divorced_____ Single_____

mm/dd/yy mm/dd/yy

SPOUSE'S INFORMATION

Full Name of Spouse (last, first, middle):_____

Date of birth:_____ SSN:_____ Phone:_____

DEPENDENT INFORMATION

Child's name (last, first, middle)	Date of Birth (mm/dd/yy)	SSN#

SIGNATURES

Employee Signature: _____ Date:_____

Witness Signature: _____ Date:_____