



CITY OF STAMFORD
OFFICE OF LEGAL AFFAIRS ~ HUMAN RESOURCES DIVISION
 888 WASHINGTON BOULEVARD, 9TH FLOOR, P.O. BOX 10152
 STAMFORD, CONNECTICUT 06904-2152

APPLICATION FOR RETURN OF CONTRIBUTIONS

TO THE PLAN TRUSTEES:

I, _____, hereby apply for the return of the contributions, I made to the
 (printed full name)

CUSTODIANS' RETIREMENT FUND, together with interest. In consideration of the return of such, I waive for myself and my dependents, all rights, title and interest in any and all funds under the care and control of the Trustees of the CUSTODIANS' RETIREMENT FUND. I attest that I have received an estimated value of the return of my contributions to the plan.

I request that this return, drawn to my order in the amount due, be sent to the address given below:

Check one box:

- Please send the check with any applicable withholding to my attention

- Please send the qualified plan distribution as a rollover disbursement
(Rollover checks must be made out to the receiving institution for your benefit and mailed directly to them. Please include an acceptance letter from the receiving institution with your application. The return of contributions cannot be processed absent this form.)

Union: _____

Social Security Number: _____

Rollover Institution: _____
(If applicable)

Check Mailing Address: _____
(If rollover, must use rollover address)

Phone Number: _____

Email Address: _____

I HAVE ATTACHED A COPY OF MY PHOTO ID.

 Signature

 Today's Date:

FOLLOWING LINES TO BE LEFT BLANK BY EMPLOYEE

1. Name _____ Separation Date _____
2. Accumulated Contributions as of _____ \$ _____
3. Interest on Above Contributions _____
4. Current Contributions _____ to _____ \$ _____
5. Total Accumulated Contributions as of: _____ 20_____ \$ _____

Figures prepared by: _____ Verified by: _____