

POLICE AND FIRE RETIREMENT FUND

SUPPLEMENTAL QUESTIONNAIRE

Printed Name: _____ Employee Number: _____

As of this date, I am: Married () Not Married ()

Date of marriage (if applicable): _____

I have the following dependents (including spouse, if married):

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

By signing below, I am confirming that the information listed above is true and accurate.

Signature: _____ Rank: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____