

Member Affidavit to Withdraw Retirement Account Funds
Post 4.2.2012 Member

I acknowledge that I am no longer employed by the City of Methuen, the Methuen School System, the Methuen Housing Authority or the Methuen Retirement System and have decided to withdraw my retirement account funds. The following forms were provided to me by the Retirement Office:

- ☐ *Application for Withdrawal of Accumulated Total Deductions*
- ☐ *Special Tax Notice Regarding Your Rollover Options*
- ☐ *Member Affidavit to Withdraw Retirement Account Funds (this form)*

I acknowledge I have reviewed these forms before submitting my completed application to the Retirement Office.

Print Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

Date: _____

If this form is not submitted to the Retirement Office in person, it must be notarized.

Printed Name: _____

Signature: _____

Date: _____

Expiration Date of Commission: _____