

**APPLICATION FOR REFUND OF RETIREMENT CONTRIBUTIONS
OF DECEASED MEMBER
CO-675 Rev. 9/2015**

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
RETIREMENT SERVICES DIVISION

APPLICANT: Complete Part I and forward to the Retirement Services Division at the address indicated below.

I HEREBY APPLY FOR THE REFUND OF ALL RETIREMENT CONTRIBUTIONS DEDUCTED FROM THE SALARY OF THE DECEASED MEMBER ALONG WITH ANY ACCUMULATED INTEREST.

NAME OF APPLICANT (Last)	First Name	M.I.	SOCIAL SECURITY NO.	DATE
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<input type="checkbox"/> BENEFICIARY	TYPE OF APPOINTMENT			
	<input type="checkbox"/> * EXECUTOR	<input type="checkbox"/> * ADMINISTRATOR	<input type="checkbox"/> * CONSERVATOR	<input type="checkbox"/> * LEGAL GUARDIAN (OF MINOR CHILD)

*** THIS AGENCY REQUIRES A COPY OF YOUR APPOINTMENT FOR ITS RECORDS IF YOU ARE NOT THE DESIGNATED BENEFICIARY.**

CONSERVATOR OF

IF LEGAL GUARDIAN - NAME OF MINOR CHILD	SOCIAL SECURITY NO. OF MINOR CHILD
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NAME OF DECEASED EMPLOYEE (Last)	First Name	M.I.	EMPLOYEE NUMBER	SOCIAL SECURITY NUMBER	DATE OF DEATH
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SIGNATURE OF APPLICANT

ADDRESS (Street No., Name)

(City, State, Zip Code)

ADDRESS TO WHICH CHECK SHOULD BE MAILED IF OTHER THAN APPLICANT (Street No., Name, City, State, Zip Code)

NOTARY CERTIFICATION

I hereby certify and affirm this Application was signed by the person whose signature appears above.

Signed and sworn before me this _____ day of _____, _____.

Signature of Notary Public: _____

State: _____ Town: _____ My commission expires: _____ **SEAL HERE**

RETIREMENT SERVICES DIVISION USE ONLY

PROCESSED BY	DATE	LIST NUMBER
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MAIL TO: Retirement Services Division
State of Connecticut - Office of the State Comptroller
55 Elm Street, 3rd Floor
Hartford, CT 06106
Attn: Data Base Unit