

**APPLICATION FOR REFUND OF MUNICIPAL RETIREMENT CONTRIBUTIONS
OF DECEASED MEMBER
CO-675-1 Rev. 8/2015**

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
RETIREMENT SERVICES DIVISION

APPLICANT: Complete **Part I** and forward to the deceased member's municipality. Social Security number is required for individuals receiving funds which include interest.

Complete **Part II** and forward to the Retirement Services Division at the address indicated below.

FORWARD TO: RETIREMENT SERVICES DIVISION, MUNICIPAL RETIREMENT, 55 ELM STREET, HARTFORD, CT 06106

PART I - APPLICATION

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.**

NAME OF DECEASED EMPLOYEE (Last)	First Name	M.I.	MEMBER ID	SOCIAL SECURITY NUMBER	DATE OF DEATH
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SIGNATURE OF APPLICANT	SIGNATURE OF NOTARY PUBLIC
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ADDRESS (Street No., Name)	ADDRESS (Street No., Name)
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(City, State, Zip Code)	(City, State, Zip Code)
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ADDRESS TO WHICH CHECK SHOULD BE MAILED IF OTHER THAN APPLICANT (Street No., Name, City, State, Zip Code)

PART II - MUNICIPALITY (COMPLETE PART II AND RETURN FORM TO THE RETIREMENT SERVICES DIVISION)

EMPLOYING AGENCY OF DECEASED

ADDRESS (Street No., Name, City, State, Zip Code) (Please Print)

DATE OF FINAL PAYROLL CHECK	AMOUNT OF CHECK
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AUTHORIZED MUNICIPALITY NAME (Please Print)	TITLE	SIGNATURE	DATE	TELEPHONE NUMBER
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PART III - MUNICIPAL RETIREMENT

TOTAL AMOUNT REFUNDED	DATE
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LIST NUMBER	CONTRIBUTIONS	INTEREST
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NOTES/COMMENTS/COMPUTATIONS
