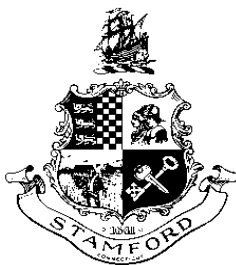


MAYOR
CAROLINE SIMMONS



DIRECTOR OF LEGAL AFFAIRS
&
CORPORATION COUNSEL
DOUGLAS C. DALENA

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DIRECTOR OF HUMAN RESOURCES

CITY OF STAMFORD
OFFICE OF LEGAL AFFAIRS
HUMAN RESOURCES DIVISION
888 WASHINGTON BOULEVARD
P.O. BOX 10152
STAMFORD, CONNECTICUT 06904-2152
Tel. (203) 977-4070
Fax: (203)977-4075

APPLICATION FOR RETURN OF CONTRIBUTIONS

Dept # _____
Employee # _____
Date: _____

TO THE TRUSTEES:

I _____, hereby apply for the return of the contributions, made by _____, to the CLASSIFIED EMPLOYEES 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 CLASSIFIED EMPLOYEE RETIREMENT FUND.

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

I left the City on: _____

Signature: _____

Address: _____

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: _____

Note: In the event that an employee who has terminated employment seeks to be reinstated after reemployment by the City before the employee shall be eligible to receive the benefits of the pension plan herein established for service prior to said reinstatement, the employees shall repay all sums refunded on the prior termination of employment, together with interest at the rate of five percent (5%) per annum. No such reinstated employee shall be eligible for any benefit hereunder until completion of two years of service since the last reinstatement, except the right to refund of contributions, with interest as set forth in the City Charter the various collective bargaining agreements and in the minutes of the Trustees of the CERF.