



NOTICE OF RETIREMENT

MARTA Non-Represented Defined Contribution Plan

Name of Employee *(Please Print)* Social Security Number

Street Address City State Zip Code

Date of Birth: _____ Phone Number: _____

Date Employed w/MARTA: _____ Fulltime Date: _____

Employee Location: _____ Employee ID#: _____

* Last Day of Work: _____

Has service been continuous? Yes No

(Have you terminated/retired and was rehired)?

If no, please explain _____

*I hereby certify that the above facts are true and correct and I apply for retirement effective: _____
(retirement effective date is the 1st of the following month)

Employee's Signature Date

Signature of Supervisor Date

Please submit **original** to:
Retirement Benefits
2424 Piedmont Road, NE
Atlanta, GA 30324