

**To Join:** Annual Membership Fee is \$5 paid by Cash or Check  
Continual Membership is 50¢/month (\$6/yr) pension deduction  
Lifetime Membership is \$100 paid by Cash or Check

RETIREE NAME: \_\_\_\_\_ YEAR RETIRED: \_\_\_\_\_ DEPT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HM PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ Please Print Clearly

**Preferred method of Payment:** Cash or Check

\*Monthly Pension Deduction - Complete CFW Employees' Retirement Fund Voluntary Deduction Form

C.O.R.E., P.O. Box 101203, Fort Worth, Texas 76185

Complete this Form  
only if opting for  
Pension Monthly  
Deduction

**VOLUNTARY DEDUCTION  
EMPLOYEES' RETIREMENT FUND  
CITY OF FORT WORTH**



**I authorize the Employees' Retirement Fund to take the following deduction from my pension check each month.**

Retiree Name \_\_\_\_\_ SSN XXX-XX-\_\_\_\_\_  
(Print Name)

Retiree Signature \_\_\_\_\_ Date \_\_\_\_\_

**Deduction Name: COALITION OF RETIRED EMPLOYEES (CORE)**

Amount 50 cents/mo (minimum \$.50 per month)

11/14