

**STATE OF DELAWARE**  
**STATE BOARD OF PENSION TRUSTEES**  
**AND**  
**OFFICE OF PENSIONS**  
MCARDLE BUILDING  
860 SILVER LAKE BLVD., SUITE 1  
DOVER, DE 19904-2402

**When Calling Long Distance**  
**Toll Free Number 1-800-722-7300**  
**E-mail: pensionoffice@state.de.us**

**Telephone (302) 739-4208**  
**FAX # (302) 739-6129**  
**www.delawarepensions.com**

**VOLUNTEER FIREMEN'S PENSION PLAN**  
**SIGNATURE AUTHORIZATIONS**

COMPANY NAME: \_\_\_\_\_ COMPANY NO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Financial Services and Retirement Services Sections Documents as follows:

- AP-F - Application for Volunteer Firemen's Pension
- CRN-F - Contributions Retention Notice
- DB-F - Application for Death Benefit Payment
- WB-F - Withdrawal of Pension Contributions

AUTHORIZED SIGNATURES (Please Type and Write)

\_\_\_\_\_  
NAME OF PRESIDENT (Type)

\_\_\_\_\_  
NAME OF PRESIDENT (Write)  
TELE. NO.: (Home) \_\_\_\_\_  
(Work) \_\_\_\_\_  
(E-mail) \_\_\_\_\_

\_\_\_\_\_  
NAME OF SECRETARY (Type)

\_\_\_\_\_  
NAME OF SECRETARY (Write)  
TELE. NO.: (Home) \_\_\_\_\_  
(Work) \_\_\_\_\_  
(E-mail) \_\_\_\_\_

\_\_\_\_\_  
NAME OF PENSION OFFICER (Type)

\_\_\_\_\_  
NAME OF PENSION OFFICER (Write)  
TELE. NO.: (Home) \_\_\_\_\_  
(Work) \_\_\_\_\_  
(E-mail) \_\_\_\_\_

Date: \_\_\_\_\_