



NOTICE OF RETIREMENT

MARTA Non-Represented Plan – Survivor Benefits

Name of Employee (*Please Print*)

Social Security Number

Street Address

City

State

Zip Code

Date of Birth: _____

Phone Number: _____

Deceased Employee: _____

Date of Birth: _____

Deceased Employee ID#: _____
(last 4 of SSN)

Date of Death: _____

*I hereby certify that the above facts are true and correct and I apply for retirement effective: _____

Survivor Signature

Date

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