

SECTION TWO: (To be completed by the City's Pension Savings Plan Administrator)

City Service Dates	City Contribution	Interest Credited
From: ___/___/___ to ___/___/___		
From: ___/___/___ to ___/___/___		
From: ___/___/___ to ___/___/___		
From: ___/___/___ to ___/___/___		
From: ___/___/___ to ___/___/___		
From: ___/___/___ to ___/___/___		
From: ___/___/___ to ___/___/___		
From: ___/___/___ to ___/___/___		
From: ___/___/___ to ___/___/___		

CERTIFICATION

I hereby certify that the above information is correct pursuant to our official records.

Signature

Title

Print Your Name

Date

Agency Name

Telephone Number

Fax Number