

MULTIPLE BENEFICIARIES ATTACHMENT DEFERRED RETIREMENT OPTION PLAN (DROP)

Employees' Retirement System of Alabama
P. O. Box 302150 ♦ Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

I, _____, _____, hereby designate as the
Member's Full Name Social Security No.

beneficiaries whom I wish to receive any benefit due at my death as follows:

Name			Date of Birth	Address	Relationship to Me
First	Middle/Maiden	Last			

(Where multiple beneficiaries are designated, the Retirement Systems of Alabama, under the laws governing said System, shall construe such designation to indicate "joint survivorship", i.e., the money will be divided equally among those beneficiaries who survive you.)

In the event the designated beneficiaries listed above are different from that listed on my active account, I desire the change to be effective **(check one)**:

- Upon the submission of this signed and notarized application to the Employees' Retirement System of Alabama.
- On the date my DROP participation begins

Signature of Applicant: _____

STATE OF ALABAMA, COUNTY OF _____

On this _____ day of _____, 20____, personally appeared before me, the above named individual and made oath that the statements made are true.

Notary Public _____

My Commission Expires _____