TRANSFER OF MEMBERSHIP FROM Employees' Retirement System

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

PART I				
Name:				
First		Middle Given	Last	Maiden
Name under which	you were last e	employed: (if different from a	bove)	
First		Middle Given	Last	Maiden
Social Security Nu	mber:	<u></u>		
Home Address:				
		Street Address or Post Of	fice Box	
Ci	y	State		Zip + 4 Code
Last Employing ER	S Unit:			
Date of Last Emplo	wment.			
-				
Present Employing	Teachers' Ret	rement System Unit:		
Date Present Empl	oyment Began:			
Employees System, I f certify the r	Retirement Systemeters authorized ecord of my creaters and the second se	e the privilege of transferring stem to the credit of my men e you, in accordance with § ditable service as a member of n from membership in that Sys	nbership in the Tea 16-25-4, <i>Code of J</i> of the Employees' R	chers' Retirement A <i>labama 1975</i> , to
	Signature			Date
PART II				
To Be Completed b	y Last ERS Em	ployer		
Total Curre	nt Year Contribu	tions (October 1 – September	30) \$	
Signature	of Last Employ	er		