## ENROLLMENT BLANK

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

TO: The Board of Control of the Employees' Retirement System of Alabama

In order that I may be enrolled in the Judicial Retirement Fund of the State of Alabama, I have truthfully completed the following form.

Name (Print):						
First		Middle			Last	
Home Address:Street		City		State	Zip Code	
Date of Birth: / / Month Day Year	Sex:	Social Sec	eurity No.:	-	<u>-</u>	
		Location:			ircuit or County	
Service in My Current Judicial Position E	Began on:	/ onth Day	/ Year			
Annual Salary from State Treasury: \$						
Probate Judge: \$ o	r Fees					
Name of Spouse:First					Sex:	
				Last		
Spouse's Date of Birth: / Month Day	/ Year	Social Secu	rity No.:			
The above statements are true to the be	st of my knowle	edge and belief.				
Signature of A	Applicant					
STATE OF	Cou	JNTY OF				
On this day of before me the said named individual to r foregoing instrument and he (or she) ac made oath that the statements in this do	me known and cknowledged tl	known to me to hat he (or she)	be the person	described in an	d who executed the	
Sign	nature of Notar	y Public				
Seal My 0	Commission Ex	xpires				