

**TRANSFER OF MEMBERSHIP  
FROM  
TEACHERS' 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**

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**Name:** \_\_\_\_\_  
First Middle Given Last Maiden

**Name under which you were last employed:** (if different from above)

\_\_\_\_\_  
First Middle Given Last Maiden

**Social Security Number:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
Street Address or Post Office Box

\_\_\_\_\_  
City State Zip + 4 Code

**Last Employing School System:** \_\_\_\_\_

**Date of Last Employment in Education:** \_\_\_\_\_

**Present Employer Under Employees' Retirement System:** \_\_\_\_\_

**Date Present Employment Began:** \_\_\_\_\_

In order that I may exercise the privilege of transferring my service credit as a member of the Teachers' Retirement System to the credit of my membership in the Employees' Retirement System, I hereby authorize you, in accordance with § 36-27-12, *Code of Alabama 1975*, to certify the record of my creditable service as a member of the Teachers' Retirement System on the date of my separation from membership in that System.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PART II**

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**To Be Completed by Last TRS Employer**

Total Current Year Contributions (July 1 – June 30) \$ \_\_\_\_\_

Contributions to be Credited After June 30 \$ \_\_\_\_\_

**Signature of Last Employer** \_\_\_\_\_