

## STATEMENT OF SERVICE

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

**Please provide the following information for the service that you are purchasing to be credited to your retirement account:**

Name: \_\_\_\_\_  
                                    First                                    Middle                                    Last

Address: \_\_\_\_\_  
                                                                                    P. O. Box or Street Address  
\_\_\_\_\_  
                                    City                                    State                                    Zip Code

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I certify that: **(Please Check One)**

- I **have not** established credit with any other public retirement system for the service that I claim credit in the Employees' Retirement System of Alabama. Furthermore, I agree to notify the Employees' Retirement System of Alabama in the event that I should become entitled to credit or benefits for said service with any other public retirement plan at the time of my retirement. Also, I understand that if I should receive credit or become entitled to benefits with any other public retirement plan at the time of my retirement, my service credit purchased shall be withdrawn and I will be refunded the amount paid for said service.  
  
*Note:* None of the above limitations shall be construed to apply to participation in the Federal Social Security Program.
  
- I **have** established with another public retirement system credit for the service that I am claiming credit in the Employees' Retirement System of Alabama.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me the said named \_\_\_\_\_ known to me to be the person described in and who executed the foregoing instrument and he or she acknowledged that he or she executed the same and being duly sworn by me, made oath that the statements in the application are true.

Signature of Notary Public \_\_\_\_\_

(Seal) My Commission Expires \_\_\_\_\_

**Please return completed form to the address listed above.**