## STATEMENT OF WITHDRAWN SERVICE

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

The following information must be provided in order for previously withdrawn service to be credited to your retirement account.

Name: _		First	N.CI-II-		14		
		FIRST	Middle		Last		
Address:							
Social Sec	urity	Number:	<u> </u>				
I certify tha	at: (C	heck One)					
(	)	I have not esta withdrawn servi	olished with any other public Rece.	etirement System credit f	or my previously		
(	)	I have established with another public Retirement System credit for my previously withdrawn service.					
(	)	) I <u>have</u> established with another public Retirement System credit totaling years months which represents part of my previously withdrawn service.					
Signature					Date		
STATE OF			COUNTY OF			dav	
			, 20, personally a				
			known to me			xecuted the	
			ne) acknowledged that he (or s	•			
oath that th	he sta	atements are true	and correct.				
			Signature of Notary	y Public			
	S	eal					
			My Commission Ex	pires			