



# ERS Enrollment Member Information Record

Employees' Retirement System of Alabama  
PO Box 302150, Montgomery, Alabama 36130-2150  
877.517.0020 • 334.517.7000 • www.rsa-al.gov

Your SSN

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

Check One:  New Member  Transfer from another ERS Agency

## Your Information

*No initials please*

Name \_\_\_\_\_  
First Middle/Maiden Last

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

Daytime Telephone (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex  Male  Female

Status  Married  Single  Widowed  Divorced

## Employer Information

Employing Agency \_\_\_\_\_ Section or Division \_\_\_\_\_

Classification or title of position or elected office you hold \_\_\_\_\_

Daytime Telephone (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

- Are you an Elected Official?  Yes  No
- Have you ever been employed by any agency of public education in Alabama?  Yes  No
- Have you ever been a member of the Employees' Retirement System of Alabama?  Yes  No
- Were you a member before beginning employment with your current employer?  Yes  No
- Have you ever withdrawn contributions from the Retirement Systems?  Yes  No

If you answered yes to any of the preceding four questions, please provide the information requested below, listing most recent employment first.

Employing Agency	City	Year	Under What Name	Date Terminated

**Sign Here →** Your Signature \_\_\_\_\_ Date \_\_\_\_\_

## Employer Certification

*To be completed by the employing agency*

Employing Agency \_\_\_\_\_

Annual Salary \_\_\_\_\_ Employment Date \_\_\_\_\_

Number of Pay Periods Per Year \_\_\_\_\_ Employment Status (full-time, 1/2 time, 3/4 time, etc.) \_\_\_\_\_

**Sign Here →** Employer Signature \_\_\_\_\_ Date Submitted \_\_\_\_\_

*Employer*

Title \_\_\_\_\_

<b>THIS BOX IS FOR EMPLOYEES' RETIREMENT SYSTEM USE ONLY</b>
Comments: _____
_____
_____



### ERS Enrollment Member Information Record

Employees' Retirement System of Alabama  
PO Box 302150, Montgomery, Alabama 36130-2150  
877.517.0020 • 334.517.7000 • www.rsa-al.gov

Name \_\_\_\_\_ SSN 

--	--	--

--	--

--	--	--	--

#### Designation of Primary Beneficiary(ies)

*Please give complete information*

I, the undersigned, do hereby designate the following individuals as my primary beneficiary(ies) to whom I instruct the Board of Control of the Employees' Retirement System of Alabama to pay, in the event of my death before retirement on pension, the total amount of the accumulated contributions standing to my credit in the retirement system.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

#### Designation of Contingent Beneficiary(ies)

*Please give complete information*

In the event the primary beneficiary(ies) designated above does **not** survive me, I hereby authorize the Employees' Retirement System of Alabama to pay the benefits to the beneficiary(ies) named below.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

#### Signature Certification

I agree on behalf of myself, my heirs, and assigns that payment so made shall be a complete discharge of the claim and shall constitute a release of the System from any further obligation on account of the benefit. I hereby direct that should I survive either or both of the before mentioned beneficiaries, the amount which otherwise would have been payable to the beneficiary had he/she been living shall be paid to my estate or to such other beneficiary as I shall hereafter nominate by written designation filed with the Employees' Retirement System of Alabama in accordance with the rules and regulations prescribed by the Board of Control. Divorce or annulment of a marriage shall not revoke or void the designation of a spouse as beneficiary for any benefits payable by RSA.

**Sign Here →** Your Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please have your signature acknowledged before a Notary Public.**

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

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, personally appeared before me, the above named individual and made oath that the statements made are true.

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

Seal My Commission Expires \_\_\_\_\_