Employees' Retirement Preparation Seminar



Offered by the RETIREMENT SYSTEMS OF ALABAMA

2018 REGISTRATION FORM

Applicant's Name:			
Last		First	Middle Initial
Mailing Address:			
	(Mailing Add	ress)	
Sex:MaleFemale			
	(City)	(State)	(ZIP)
PID Number:	(and/or) So	cial Security Numbe	er:
Date of Birth:	E-mail Ad	dress:	
Phone: Work: ()	Home: () cel	l: ()
Who is your employer?			
*Number of Years in ERS:	**Pr	oposed Retirement	Date:
* (Do not include service credit ** (Date will be used to calcula	•		edit as of today.)
Will your spouse or a gues	t be attending? [☐ Yes ☐ No <u>If yes, na</u>	ame spouse/guest below
Name of spouse/guest if a	ttending seminar	•	
Seminar Choices: 1 st Choice	e		
	(Date)	(Locatio	on)
2 nd Choic	e		
	(Date)	(Locatio	on)
Signature of Applicant:			
	<u>Eligibilit</u>	y to attend:	
Tier 1 (member <u>before</u> Janua		with at least 20 years o	
Tier 2 (member on or after Ja	_	-	

Mail Registration form to:

Retirement Systems of Alabama - Field Services Division PO Box 302150 Montgomery, AL 36130-2150 (877) 517-0020

No registration forms will be accepted by fax or e-mail.

Remember:

These are **full-day seminars**. No one-on-one appointments will be available at the seminar.

