



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- Have you ever withdrawn contributions from the Retirement Systems?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 _____

THIS BOX IS FOR EMPLOYEES' RETIREMENT SYSTEM USE ONLY
Comments: _____



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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.

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 _____