



Employees' Retirement System of Alabama

Retirement Application Packet

State Employees

Part I

This packet includes the following documents:

- Form 10, Application for Retirement
- Form 12, Insurance Authorization Form
- Direct Deposit Authorization Form

The Application for Retirement must be received at least 30 days and not more than 90 days prior to the effective date of retirement.

The effective date of retirement must be the first day of a month.



P. O. Box 302150
Montgomery, AL 36130-2150
334.517.7000 or 877.517.0020
www.rsa-al.gov

Checklist for ERS Retirement

Congratulations! You are about to begin what we hope will be a long and happy retirement. PART I of your retirement process contains the information and forms you need to initiate the retirement process. Once we receive your completed PART I forms, the ERS will send PART II: RETIREMENT BENEFIT OPTION SELECTION AND TAX FORM PACKET. **The retirement process is not complete until you have returned the RETIREMENT BENEFIT OPTION SELECTION FORM IN PART II.** It is the responsibility of the member to ensure all forms are mailed to the ERS. Please contact Member Services at 877.517.0020 if you have any questions.

To Apply for Your ERS Retirement Benefit

- Complete Sections A, B, and C of FORM 10, APPLICATION FOR RETIREMENT. Have your employer complete Section D, Employer Certification.
- If you are designating multiple beneficiaries, leave Section B on the FORM 10 blank and submit the MULTIPLE BENEFICIARIES ATTACHMENT, FORM 10MB. FORM 10MB is **only** for members who select the **Maximum Benefit or Option 1** on the RETIREMENT BENEFIT OPTION SELECTION form in PART II. You may download the form from the RSA website, www.rsa-al.gov, or request it from Member Services.
- If you are applying for disability retirement, you and your physician must complete the REPORT OF DISABILITY PACKET. This packet must be included with your FORM 10. You may download the form from the RSA website, www.rsa-al.gov, or request it from Member Services.
- Complete Sections A, B, C, and D of FORM 12, INSURANCE AUTHORIZATION FORM. Have your employer complete Section E, Employer Certification. **Please do not forget to sign this form before returning it to the ERS.**
- Complete Sections A, B, and C of the DIRECT DEPOSIT AUTHORIZATION form. Send this form to your financial institution to complete Section D and E. This form will authorize the ERS to remit and credit your benefit directly to your bank account and eliminate the possibility of your check being lost or stolen.
- Send FORM 10, APPLICATION FOR RETIREMENT; FORM 12, INSURANCE AUTHORIZATION FORM, and any other completed forms to: ERS, P. O. Box 302150, Montgomery, AL 36130-2150. Your APPLICATION FOR RETIREMENT must be received by the ERS at least 30 days and not more than 90 days prior to the effective date of retirement. The effective date of retirement must be the first day of a month.
- Once we receive your APPLICATION FOR RETIREMENT (PART I), you will be sent PART II: RETIREMENT BENEFIT OPTION SELECTION AND TAX FORM PACKET. This packet will contain your retirement allowance report. Your RETIREMENT BENEFIT OPTION SELECTION form must be received by the ERS prior to the effective date of retirement. Otherwise, by law you will automatically receive the Maximum Benefit, which is irrevocable.**
- Make sure that the ERS has your current home mailing address. You can change your mailing address online or by completing the CHANGE OF ADDRESS NOTIFICATION form. Important information regarding your retirement will be mailed directly to your home mailing address.
 - If you desire to cancel your APPLICATION FOR RETIREMENT, written notice must be given to the ERS prior to your effective date of retirement. Failure to give timely notice will result in an irrevocable application.
 - Your retirement account will be audited both at the time of retirement and after all contributions have been remitted. Discrepancies between the contributions certified on your APPLICATION FOR RETIREMENT and the contributions remitted to the ERS may affect your retirement benefits and/or your eligibility for retirement.
 - For further information about the retirement process, please read your ERS Member Handbook. We also encourage you to visit our website at www.rsa-al.gov. If you have questions, feel free to contact one of our retirement counselors. As always, we will do our best to help you and all other ERS retirees enjoy their retirement years.

Application for Retirement

Employees' Retirement System of Alabama



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

Section A: Member Information

Name _____ Social Security No. _____ - _____ - _____

Home Address _____ Date of Birth _____ / _____ / _____
Street or P. O. Box

_____ Home Phone _____
City State Zip

Employer _____ Work Phone _____

Type of Retirement (**Check One**): Service Disability (Report of Disability form must also be submitted.)

Date of Retirement (This date is always the first of a month.) _____ 1, 20 _____ Email Address _____
Month Year

Name of bank/financial institution to which retirement benefit is to be deposited _____
(The properly completed Direct Deposit Authorization form must be submitted to the ERS to authorize remittance to the bank/financial institution.)

Section B: Beneficiary Designation

The beneficiary whom I should like to receive any benefit due at my death _____

Relationship to me _____ Date of Birth _____ / _____ / _____

Social Security Number _____ - _____ - _____

In the event the designated beneficiary listed above is different from that listed on my active account, I desire the change to be effective (**Check One**):

Upon the submission of this signed and notarized application to the Employees' Retirement System of Alabama.

On the date of my retirement.

Complete **only** if employing agency allows conversion of sick leave days to retirement credit.

I wish to have accrued unused sick leave days converted to retirement service credit.

I wish to receive a lump sum payment for my unused sick leave in lieu of retirement service credit.

Section C: Member Authorization

Signature of Applicant _____ Date _____

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.

Notary _____

My Commission Expires: _____

Section D: Employer Certification

Last date of compensated employment _____
Month Day Year

Date of termination _____
Month Day Year

Note: No contributions should be made on lump-sum leave pay.

List additional contributions, if any, with date of deductions (i.e. extra pay period, overtime, etc.) _____

Indicate and explain any periods in which deductions were not made (i.e. leave without pay, etc.) _____

Total accrued and unused sick leave **days** at date of retirement for which **no lump-sum payment will be made** _____

Retiring Employee's Job Classification _____ Employer Phone Number _____

Signature of Representative of Employing Agency _____

Please project and certify amount of deductions for the last 4 months for which contributions will be submitted:	
Oct _____	Apr _____
Nov _____	May _____
Dec _____	Jun _____
Jan _____	Jul _____
Feb _____	Aug _____
Mar _____	Sep _____



RSA Direct Deposit Authorization

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

Your SSN

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Check One: Retiree Beneficiary of Deceased Retiree/Member

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 _____

Indicate the system(s) from which you would like your benefit(s) direct deposited.

- Employees' Retirement System
- Teachers' Retirement System
- PEIRAF
- Judicial Retirement Fund
- RSA-1 (Annual or Monthly Distribution Only)

Account Holder Certification

I agree to notify the Retirement Systems of Alabama (RSA) immediately of the death of the recipient of the retirement benefits being deposited to this joint financial institution account, and to return all payments to the RSA that are deposited to this account after said death. The RSA will determine and pay any survivor benefits. The RSA is authorized to make necessary debit entries to this joint account for any credits that were made in error.

Joint Financial Institution Account Holder(s) Name(s)

Joint Financial Institution Account Holder(s) Signature(s)

Date _____

Signature Certification

Each benefit payment is to be credited to my account at the financial institution specified on the reverse side of this form and such payment will be in full payment, satisfaction, and discharge of the amount then falling due and payable to me on account of such payments.

If my death occurs prior to the due date of any payment made by the RSA in compliance with this request or if adjustments are required for any credit entries to my account, I authorize the RSA to make the necessary debit entries to my account. I hereby reserve the right to revoke or cancel this request, such revocation or cancellation to take effect within 30 days of receipt of written notice by the RSA.

I authorize my payment to be sent to the financial institution named on the reverse side of this form to be deposited to the designated account.

Sign Here → Your Signature _____ Date _____

Note: The retiree or beneficiary of a deceased retiree must complete this page. Then take or mail both pages to your financial institution to verify your information. Your financial institution must complete the second page and agree to the Master Agreement.

RSA Direct Deposit Authorization

Name _____ SSN

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Financial Institution Information

To be completed by a representative of the financial institution

Depositor Account No _____ Bank Routing No _____

Financial Institution Name _____ Type of Account Checking Savings

Mailing Address _____
Street or P.O. Box City State ZIP Code

Name(s) of Person(s) on this Account

Financial Institution Certification

MASTER AGREEMENT

In accordance with the provisions of Section 3.6.4 of the 2012 National Automated Clearing House Association (NACHA) Operating Rules and Guidelines, both the Retirement Systems of Alabama (RSA), as the Originator, and the above named Financial Institution consider the following to be the Master Agreement, as defined by the NACHA Operating Rules and Guidelines, and agree that it is to be applicable to all payments sent by the RSA to the Financial Institution for the benefit of all benefit recipients having accounts with the Financial Institution.

In consideration of the RSA making benefit payments in accordance with this Direct Deposit Authorization without requiring proof that the retiree/beneficiary identified on this form is alive on the date on which such benefits are paid and are credited to his or her account, the Financial Institution agrees to repay and refund to the RSA, on demand, the full amount of any payments made to and received by the Financial Institution after the date of death of the benefit recipient, regardless of whether the account listed on this Direct Deposit Authorization contains sufficient funds for the refund. The Financial Institution further agrees to accept the certification of the RSA as to the date of death of such payee as sufficient evidence in accordance with Section 2.10 of the 2012 NACHA Operating Rules and Guidelines.

I, the undersigned, confirm that the identity of the above named retiree/beneficiary, account number, and type are true and accurate. As the representative of the above named Financial Institution, I certify that the Financial Institution agrees to receive and deposit the identified payments in accordance with the Master Agreement and pursuant to Section 3.6.4 of the 2012 NACHA Operating Rules and Guidelines, and that the Master Agreement is applicable to all payments sent by the RSA to the Financial Institution for the benefit of the retiree/beneficiary.

Representative Name _____

Sign Here →
Financial Institution

Representative Signature _____ **Date** _____

Telephone _____

Please return completed form to:

The Retirement Systems of Alabama
P.O. Box 302150
Montgomery, AL 36130-2150
Fax: 334.517.7001

Note: Properly completed Direct Deposit Authorization forms received by the RSA before the 15th of each month will be effective for the current month..