## **STATEMENT OF SERVICE**

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

## Please provide the following information for the service that you are purchasing to be credited to your retirement account:

| Name:      |               |                             |          |
|------------|---------------|-----------------------------|----------|
|            | First         | Middle                      | Last     |
|            |               |                             |          |
| Address:   |               |                             |          |
|            |               | P. O. Box or Street Address |          |
|            |               |                             |          |
|            | City          | State                       | Zip Code |
|            |               |                             |          |
| Social Sec | urity Number: |                             |          |

I certify that: (Please Check One)

□ I have not established credit with any other public retirement system, including the U.S. Armed Forces, for the service that I claim credit in the Employees' Retirement System of Alabama. Furthermore, I agree to notify the Employees' Retirement System of Alabama in the event that I should become entitled to credit or benefits for said service with any other public retirement plan at the time of my retirement. Also, I understand that if I should receive credit or become entitled to benefits with any other public retirement plan at the time of my retirement, my service credit purchased shall be withdrawn and I will be refunded the amount paid for said service.

*Note:* None of the above limitations shall be construed to apply to participation in the Federal Social Security Program.

□ I have established with another public retirement system credit for the service that I am claiming credit in the Employees' Retirement System of Alabama.

| Signature: |        |   |      | Date:     |                                 |                                    |                 |
|------------|--------|---|------|-----------|---------------------------------|------------------------------------|-----------------|
|            |        |   |      |           |                                 |                                    |                 |
| STATE OF   |        | _, COUNTY OF  |      |           | _                               |                                    |                 |
| On this    | day of |   | , 20 | _, person | ally appeared b                 | pefore me the sa                   | id              |
|            |        | t and he or she acknowledo<br>statements in the application |      |           | be the person<br>e executed the | described in and<br>same and being | d who<br>g duly |
|            |        | Signature of Notary Public                                  | ;    |           |                                 |                                    |                 |
|            | (Seal) | My Commission Expires                                       |      |           |                                 |                                    |                 |

Please return completed form to the address listed above.