## TRANSFER OF MEMBERSHIP FROM Employees' Retirement System

## Retirement Systems of Alabama P. O. Box 302150 ♦ Montgomery, AL 36130-2150 334-517-7000 or 877-517-0020 www.rsa-al.gov

PART			
Name:			
First	Middle Given	Last	Maiden
Name under which you we	re last employed: (if different from ab	oove)	
First	Middle Given	Last	Maiden
Social Security Number: _			
Home Address:			
	Street Address or Post Off	ice Box	
City	State		Zip + 4 Code
Last Employing ERS Unit:			
Date of Last Employment:			
Present Employing Teache	ers' Retirement System Unit:		
Date Present Employment	Began:		
	exercise the privilege of transferring n		
	nent System to the credit of my mem thorize you, in accordance with § 16-2		
the record of my cre	editable service as a member of the E		
date of my separatio	on from membership in that System.		
	Signature		Date
D			
PART II			
To Be Completed by Last E	ERS Employer		
Last day for which e	mployee is paid		
Total Current Year (	Contributions (October 1 – September	30) \$	
Last contribution inc	luded in the	report	
Signature of Last I	Employer		
Phone Number:	Email Addre	SS:	