



# JRF Enrollment Member Information Record

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

Your SSN

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## 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

Have you ever been a member of the ERS or TRS?  Yes  No

If you are a District Attorney and answered "Yes" to the above question, is any of that service with the ERS as a Deputy or Assistant District Attorney?  Yes  No

Have you ever been a member of the JRF?  Yes  No

**Sign Here →** Your Signature \_\_\_\_\_ Date \_\_\_\_\_

## Employer Certification

*To be completed by the employing agency*

Employing Agency \_\_\_\_\_

Office

- Judge: Appellate
- Circuit  Circuit Number \_\_\_\_\_
- District  County \_\_\_\_\_
- Probate  County \_\_\_\_\_
- District Attorney  Circuit Number \_\_\_\_\_
- Circuit Clerk  County \_\_\_\_\_

Annual Salary \_\_\_\_\_ Entered Office On \_\_\_\_\_

**Sign Here →** Employer Signature \_\_\_\_\_ Date Submitted \_\_\_\_\_

*Employer*

Title \_\_\_\_\_

<b>THIS BOX IS FOR JUDICIAL RETIREMENT FUND USE ONLY</b>
Comments: _____
_____
_____

# JRF Enrollment Member Information Record

Name \_\_\_\_\_ SSN 

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## 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 Judicial Retirement Fund 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 Judicial Retirement Fund 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 \_\_\_\_\_