## STATEMENT OF WITHDRAWN SERVICE

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

The following information must be provided in order for previously withdrawn service to be credited to your retirement account.

Name:				
	First	Middle	Last	
Address:				
Social Securit	y Number:			
I certify that: (	Check One)			
	I have not established with any other public Retirement System credit for my previously withdrawn service.			
	I have established with another public Retirement System credit for my previously withdrawn service.			
		th another public Retirement Syste nonths which represents part of my		
Signature			Date	
STATE OF		COUNTY OF	on this	day
		, 20, personally appeared		·
			e person described in and who execu	ted the
			uted the same and being duly sworn	
oath that the s	statements are true and co	orrect.	• •	
		Signature of Notary Public		
;	Seal	My Commission Expires		