## Teachers' Retirement Preparation Seminar



Offered by the Retirement Systems of Alabama

Mail completed form OR register online: www.rsa-al.gov 2019 REGISTRATION FORM

Applicant's Name:		
Last	First	Middle Initial
Mailing Address:		
	(Mailing Address)	
Sex:MaleFemale		
(City	y) (State)	(ZIP)
PID Number:	(and/or) Social Security Nun	nber:
Date of Birth:	E-mail Address:	
Phone: Work: ()	Home: ()	Cell: ()
Who is your employer?		
*Number of Years in TRS:	**Proposed Retireme	ent Date:
* (Do not include service credit you in ** (Date will be used to calculate an o	•	e credit as of today.)
Number of sick days to use tow	ard service credit?	_
Will your spouse or a guest be a	attending? $\square$ Yes $\square$ No $\underline{If}$ ye	s, name spouse/guest below
Name of spouse/guest if attend	ding seminar:	
Seminar Choices: 1 <sup>st</sup> Choice		
	(Date)	(Location)
2 <sup>nd</sup> Choice		
	(Date)	(Location)
Signature of Applicant:		
	Eligibility to attend:	

Tier 1 (member <u>before</u> January 1, 2013): any age with at least 20 years of service credit <u>or</u> age 55 with at least 5 years of service credit

Tier 2 (member on or after January 1, 2013): age 57 with at least 5 years of service credit

## Mail Registration form to:



Retirement Systems of Alabama - Field Services Division PO Box 302150 Montgomery, AL 36130-2150 (877) 517-0020

No registration forms will be accepted by fax or e-mail.

Remember:

These are **full-day seminars**. No one-on-one appointments will be available at the seminar.