

JRF SS
03/09

APPLICATION OF SURVIVING SPOUSE FOR RETIREMENT BENEFITS

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

TO: The Board of Control of the Employees' Retirement System of Alabama

In accordance with the provisions of Act No. 1205, §3-106, effective October 1, 1976, I hereby make application for retirement benefits as the surviving spouse.

Name of Deceased Member: _____
First Middle Last

Date of Death of Deceased Member: ____/____/____
Month Day Year

Position Held by Deceased Member: _____

Date of Birth of Surviving Spouse: ____/____/____
Month Day Year

Surviving Spouse's Social Security No.: _____ - _____ - _____

Mailing Address of Surviving Spouse: _____
Street

City State Zip Code

I understand that benefits are payable to me each month until my death or remarriage. I hereby certify that I am the lawful surviving spouse of the deceased member named above.

Signature of Surviving Spouse _____

Date _____

STATE OF _____ COUNTY OF _____

On this _____ day of _____, 20____, personally appeared before me, the above-named _____ and made oath that the statement made are true.

Signature of Notary Public _____

My Commission Expires _____