OFF-SITE COUNSELING SERVICES ERS INDIVIDUAL RETIREMENT APPOINTMENT FORM

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

Please type or print all information clearly.

Name:					
Fi	rst	Middle Given		Last	
Address:Street or P. O.	Box	Citv	State	Zip	
		City	Claid	—.P	
Date of Birth: /	/ Social Security	/#:	and/or	PID #:	
Sex: Male Female	Email Address	:		-	
Work Phone: ()	Home Phon	ne: ()	Cell Phone: ()	
*Proposed Retirement Date:	Month	1, Year	Number of	sick days:	
Are you participating in DRO	P at this time?	□ No			
Employer:			_ Number of Years of Se	rvice: **	
* Date will be used to calculate ** Do not include service credit		ust be service credit a	s of today.		
If you need information regardi below:	ng purchasing service or any	v other issues you wis	h to discuss during your ap	pointment, please indicate	
Withdrawn Service	e 🗆 Military 🗆 Municipa	al/Public 🛛 Out-of-	State Other		
List 2 site choices for your indiv	vidual counseling appointmer	nt.			
1 st Choice:					
		Location			
2 nd Choice:	_			_	
		Location			
Mail this request form to: E	RS Benefits Division • Attn:	: OCS Appointments	 P.O. Box 302150 Mor 	tgomery, AL 36130-2150	
	/ mail stating your appointme		00000		
	are filled in time order and a s will be made by phone and r				

• To **cancel** your appointment, please call the Retirement Systems of Alabama at 877.517.0020. Request to speak to the Field Appointment Coordinator in the ERS Benefits Division. Cancellations should be made as soon as possible but no later than 1 week prior to the appointment. There is generally a waiting list for each appointment.

Signature of Applicant: _____

For RSA Office Use Only: Date:_____ Order:_____ Confirmed with Letter: