Congratulations!
You are about to begin what we hope will be a long and happy retirement.

PART I of your retirement process contains the information and forms you need to initiate the retirement process. Once we receive your completed PART I forms, the ERS will send PART II: RETIREMENT BENEFIT OPTION SELECTION AND TAX FORM PACKET. The retirement process is not complete until you have returned the RETIREMENT BENEFIT OPTION SELECTION form in PART II.

START TODAY

This packet includes the following documents:
» Form 10, ERS Application For Retirement
» RSA Direct Deposit Authorization

IMPORTANT INFORMATION

» The ERS APPLICATION FOR RETIREMENT must be received at least 30 days and not more than 90 days prior to the effective date of retirement.
» The effective date of retirement must be the first day of a month.
» It is the responsibility of the member to ensure all forms are mailed to the ERS.

CONTACT US

Please contact Member Services at 877.517.0020 if you have any questions.

- Make sure that the ERS has your current home mailing address. You can change your mailing address online at https://mso.rsa-al.gov or by completing the Address Change Notification form. Important information regarding your retirement will be mailed from time to time to your home mailing address.
**FORM INSTRUCTIONS**

1. Complete the first 4 sections of the **Form 10, ERS Application for Retirement**. Have your employer complete the Employer Certification section.

2. Complete the first page of the **RSA Direct Deposit Authorization** form. Send this form to your financial institution to complete the second page. This form will authorize the ERS to remit and credit your benefit directly to your bank account and eliminate the possibility of your check being lost or stolen.

3. Send the **Form 10, ERS Application for Retirement**, and any other completed forms to:

   ERS  
P.O. Box 302150  
Montgomery, AL 36130-2150

Your **ERS Application for Retirement** must be received by the ERS at least 30 days and not more than 90 days prior to the effective date of retirement. The effective date of retirement must be the first day of the month.

**FREQUENTLY ASKED QUESTIONS**

**Q. How do I cancel my retirement application?**

Should you desire to cancel your ERS Application for Retirement, written notice must be given to the ERS prior to your effective date of retirement. Failure to give timely notice will result in an irrevocable application.

**Q. Could my retirement benefits change?**

Your retirement account will be audited both at the time of retirement and after all contributions have been remitted. Discrepancies between the contributions certified on your ERS Application for Retirement and the contributions remitted to the ERS may affect your retirement benefits and/or your eligibility for retirement.

**Q. What if I have more questions about my retirement?**

For further information about the retirement process, please read your ERS Member Handbook. We also encourage you to visit our website at www.rsa-al.gov. If you have questions, feel free to contact one of our retirement counselors. As always, we will do our best to help you and all other ERS retirees enjoy their retirement years.

**Questions?**

- Visit RSA’s website at www.rsa-al.gov
- Email ERS through the RSA website; click on the “Contact” link at the top of the page
- Call ERS at 877.517.0020
- Attend an ERS Retirement Preparation Seminar
Your SSN __________  __________  __________  __________

**Your Information**

Name
First  Middle/Maiden  Last

Address
Street or P.O. Box  City  State  ZIP Code

Telephone Number  Email Address

Date of Birth

**Employer Information**

Employer

Check One:
- Service Retirement
- Disability Retirement *(REPORT OF DISABILITY packet must also be submitted)*

Date of Retirement  *(This date is always the first of a month.)*

Complete only if employing agency allows conversion of sick leave days to retirement credit: *(check only one)*
- I wish to have accrued unused sick leave days converted to retirement service credit.
- I wish to receive a lump sum payment for my unused sick leave in lieu of retirement service credit.

**Beneficiary Designation**

The beneficiary to whom I should like to receive any benefit due at my death

Relationship to me  Sex  Male  Female

Social Security Number  Date of Birth

If the designated beneficiary listed above is different from that listed on my active account, make the change effective *(check one)*:
- Upon the submission of this signed and notarized application to the ERS.
- On the date of my retirement.

**Member Authorization**

Your Signature  Date

STATE OF  COUNTY OF

On this  day of , 20 , personally appeared before me, the above named individual and acknowledged under oath that the statements made are true.

Signature of Notary Public  My Commission Expires

**Employer Certification**

Last date of compensated employment

Date of Termination

Retiring Employee’s Job Classification

Additional wages with date paid *(i.e. extra pay period, overtime, etc.)*

Indicate/explain periods with no wages *(i.e. leave without pay, etc.)*

Total accrued/unused sick leave days at date of retirement for which no lump sum payment will be made

Employer Signature  Date

Telephone Number

Project/certify amount of wages for last 4 months for which contributions will be submitted:

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Notify ERS of any changes (e.g. contributions, sick leave, etc.).
RSA Direct Deposit Authorization
Retirement Systems of Alabama
PO Box 302150, Montgomery, Alabama  36130-2150
877.517.0020 • 334.517.7000 • www.rsa-al.gov

Your SSN

__________________  __________________  __________________
Name

First                    Middle/Maiden                 Last

Address

Street or P.O. Box    City                 State  ZIP Code

Telephone Number __________________ Email Address __________________

Date of Birth __________________

Check One: □ Retiree  □ Beneficiary of Deceased Retiree or Member

If you are a beneficiary, please provide the following for the deceased retiree or member.

Name ________________________

SSN ________________________

I agree to notify the Retirement Systems of Alabama (RSA) immediately of the death of the recipient of the retirement benefits being deposited to this joint financial institution account, and to return all payments to the RSA that are deposited to this account after said death. The RSA will determine and pay any survivor benefits. The RSA is authorized to make necessary debit entries to this joint account for any credits that were made in error.

Joint Financial Institution Account Holder(s) Name(s)  Joint Financial Institution Account Holder(s) Signature(s)

______________________________  ______________________________

______________________________  ______________________________

______________________________  ______________________________

Date ______________________________

Signature Certification

Each benefit payment is to be credited to my account at the financial institution specified on the reverse side of this form and such payment will be in full payment, satisfaction, and discharge of the amount then falling due and payable to me on account of such payments.

If my death occurs prior to the due date of any payment made by the RSA in compliance with this request or if adjustments are required for any credit entries to my account, I authorize the RSA to make the necessary debit entries to my account. I hereby reserve the right to revoke or cancel this request, such revocation or cancellation to take effect within 30 days of receipt of written notice by the RSA.

I authorize my payment to be sent to the financial institution named on the reverse side of this form to be deposited to the designated account.

Sign Here ➔ Your Signature __________________ Date __________________

Note: The retiree or beneficiary of a deceased retiree or member must complete this page.

Then take or mail both pages to your financial institution to verify your information.

Your financial institution must complete the second page and agree to the Master Agreement.
RSA Direct Deposit Authorization

This page to be completed by a representative of the financial institution.

Financial Institution Information

Depositor Account No ___________________________________________ Bank Routing No _______________________

Financial Institution Name ______________________________________ Type of Account  ☐ Checking  ☐ Savings

Mailing Address ____________________________________________________________

Street or P.O. Box City State ZIP Code

Name(s) of Person(s) on this Account ___________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Financial Institution Certification

MASTER AGREEMENT

In accordance with the provisions of Section 3.6.4 of the 2012 National Automated Clearing House Association (NACHA) Operating Rules and Guidelines, both the Retirement Systems of Alabama (RSA), as the Originator, and the above named Financial Institution consider the following to be the Master Agreement, as defined by the NACHA Operating Rules and Guidelines, and agree that it is to be applicable to all payments sent by the RSA to the Financial Institution for the benefit of all benefit recipients having accounts with the Financial Institution.

In consideration of the RSA making benefit payments in accordance with this Direct Deposit Authorization without requiring proof that the retiree/beneficiary identified on this form is alive on the date on which such benefits are paid and are credited to his or her account, the Financial Institution agrees to repay and refund to the RSA, on demand, the full amount of any payments made to and received by the Financial Institution after the date of death of the benefit recipient, regardless of whether the account listed on this Direct Deposit Authorization contains sufficient funds for the refund. The Financial Institution further agrees to accept the certification of the RSA as to the date of death of such payee as sufficient evidence in accordance with Section 2.10 of the 2012 NACHA Operating Rules and Guidelines.

I, the undersigned, confirm that the identity of the above named retiree/beneficiary, account number, and type are true and accurate. As the representative of the above named Financial Institution, I certify that the Financial Institution agrees to receive and deposit the identified payments in accordance with the Master Agreement and pursuant to Section 3.6.4 of the 2012 NACHA Operating Rules and Guidelines, and that the Master Agreement is applicable to all payments sent by the RSA to the Financial Institution for the benefit of the retiree/beneficiary.

Representative Name _______________________________________________________

Sign Here ➔ Financial Institution

Representative Signature ______________________________________ Date __________

Telephone Number _____________________________

Please return completed form to:

The Retirement Systems of Alabama
P.O. Box 302150
Montgomery, AL 36130-2150
Fax: 334.517.7001

Note: Properly completed Direct Deposit Authorization forms received by the RSA before the 13th of each month will be effective for the current month.