STATEMENT OF SERVICE

Please provide the following information for the service that you are purchasing to be credited to your retirement account:

Name: _					
	First		Middle		Last
Address:	P. O. Box or Street Address				
	City			State	Zip Code
Social Se	curity Number:			_	
I certify th	at: (Please Check Or	ne)			
	I have not established credit with any other public retirement system, including the U.S. Armed Forces, for the service that I claim credit in the Employees' Retirement System of Alabama. Furthermore, I agree to notify the Employees' Retirement System of Alabama in the event that I should become entitled to credit or benefits for said service with any other public retirement plan at the time of my retirement. Also, I understand that if I should receive credit or become entitled to benefits with any other public retirement plan at the time of my retirement, my service credit purchased shall be withdrawn and I will be refunded the amount paid for said service. Note: None of the above limitations shall be construed to apply to participation in the Federal Social Security Program.				
		ith another public retirel ement System of Alabar		edit for the servi	ce that I am claiming credit in
Signature	:			Date	э:
STATE OF		, County of			
On this _	day of		, 20	_, personally ap	peared before me the said
executed	the foregoing instrum	ent and he or she ackr e statements in the appl	owledged that	he or she execu	person described in and who uted the same and being duly
		Signature of Notary	Public		
	(Seal)	My Commission Ex	pires		

Please return completed form to the address listed above.