



# Transfer of Membership from Employees' Retirement System

Retirement Systems of Alabama  
PO Box 302150, Montgomery, Alabama 36130-2150  
877.517.0020 • 334.517.7000 • www.rsa-al.gov



## 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 \_\_\_\_\_

If different from above, please give name under which you were last employed:

Name \_\_\_\_\_  
First Middle/Maiden Last

### Previous ERS Employer

Previous employing ERS unit \_\_\_\_\_

Date of last employment \_\_\_\_\_

### Present TRS Employer

Present employing TRS unit \_\_\_\_\_

Date present employment began \_\_\_\_\_

### Signature Certification

In order that I may exercise the privilege of transferring my service credit as a member of the Employees' Retirement System to the credit of my membership in the Teachers' Retirement System, I hereby authorize you, in accordance with § 16-25-4, Code of Alabama 1975, to certify the record of my creditable service as a member of the Employees' Retirement System on the date of my separation from membership in that System.

**Sign Here →** Signature \_\_\_\_\_ Date \_\_\_\_\_

### Employer Certification

Last day for which employee is paid \_\_\_\_\_

*To be completed by the previous employing agency* Total current year contributions (October 1 - September 30) \$ \_\_\_\_\_

Last contribution included in the \_\_\_\_\_ report  
Month

**Sign Here →** Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

*Employer*

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_