



Your SSN _____

Type of Account: TRS ERS JRF

Your Information

Name _____
First Middle/Maiden Last

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

Telephone Number _____ Email Address _____

Date of Birth _____

Beneficiary Information

Where multiple beneficiaries are designated, the Retirement Systems of Alabama, under the laws governing said System, shall construe such designation to indicate "joint survivorship" i.e., the money will be divided equally among those beneficiaries who survive you.

Name _____ Relationship _____ Date of Birth _____

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

Social Security Number _____ Sex Male Female

Name _____ Relationship _____ Date of Birth _____

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

Social Security Number _____ Sex Male Female

Divorce or annulment of a marriage shall not revoke or void the designation of a spouse as beneficiary for any benefits payable by the RSA.

Name _____ Relationship _____ Date of Birth _____

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

Social Security Number _____ Sex Male Female

Please check one.

In the event the designated beneficiaries listed above are different from those listed on my active account, I desire the change to be effective:

- Upon the duly executed completion of this application filed with the Retirement Systems of Alabama.
- On the date my retirement becomes due and payable.

Signature Certification

Your Signature _____ **Date** _____

Sign Here

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.

Seal

Signature of Notary Public _____

My Commission Expires _____