



Retirement Cancellation Agreement

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



Your SSN _____

Check One: 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 _____

Cancellation Instructions

If you wish to cancel your FORM 10, APPLICATION FOR RETIREMENT, please complete the agreement below and mail to the above address. You may also fax the RETIREMENT CANCELLATION AGREEMENT to 334.517.7001 or 877.517.0021.

The Retirement Cancellation Agreement must be received by our office prior to your retirement date or your retirement will not be cancelled.

Please be reminded when you do decide to retire, you must reapply and submit a **new** retirement packet to our office no more than 90 days nor less than 30 days prior to your effective date of retirement.

Signature Certification

I no longer wish to retire. Please cancel my retirement that was to be effective _____
Month/Year

I understand when I decide to retire, I must submit a **new** retirement packet to the Retirement Systems of Alabama no more than 90 days nor less than 30 days prior to the effective date of my retirement.

Sign Here → Your Signature _____ Date _____